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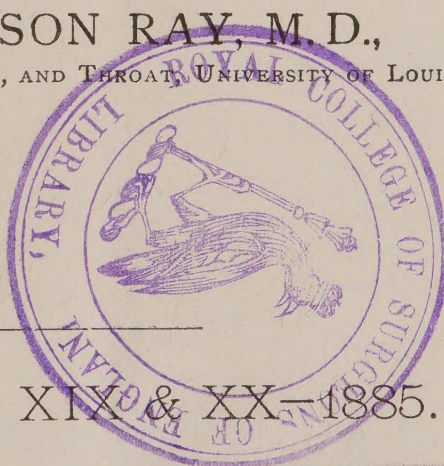
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ACUTE CATARRHAL LARYNGITIS.

BY W. CHEATHAM, M.D.

Lecturer on Diseases of the Eye, Ear, and Throat, University of Louisville; Eye, Ear, and Throat Physician to Masonic Widows and Orphans' Home.

I have lately had a run of cases presenting the above affection, and think it well to lay before the readers of the NEWS a method of treatment which in my hands has given the best results.

The lining membrane of the larynx, like other mucous membranes, is liable to inflammation in consequence of undue exposure to cold and irritating substances, such as smoke, dust, etc. The disease here, as in other situations (the eye, the nose, the pharynx, etc.), passes through the usual stages; first there is excessive dryness, and then hypersecretion. The various symptoms which characterize the disease, such as huskiness of the voice, a sensation of constriction, cough, etc. are the results of the several stages through which the inflammation runs.

I can not better illustrate the foregoing proposition than by copying from my notebook the history of a patient treated within the last week.

A gentleman was riding by rail, and finding the atmosphere of the car very close and warm, he raised the window by which he was sitting, the cold air being thus permitted to play for a considerable time upon the side of his head and neck. This was in the morning; in the afternoon of the same day his voice became husky and his throat very dry, with some difficulty in inspiration. During the night his symptoms increased. I saw him on the following morning. His expression was anxious. He could speak with difficulty only. There was no expectoration, although he had a constant sen-

sation as of the presence of something in the larynx that ought to be expelled. The constant effort which he was making to displace this supposed foreign body of course served only to increase the local trouble.

An examination by laryngoscope showed an intensely congested larynx, with some edema over the epiglottis and arytenoid cartilages. The loss of voice, sense of constriction, and difficult inspiration were now easily explained. A question bearing upon the last-named symptom might be properly asked at this point. Why should we have in these cases difficult inspiration with normal expiration? The answer is easy if we note that the in-going current of air, pressing on the edematous membrane over the arytenoid cartilages, gives them a valvular action which is not possible in expiration.

This is, however, not a typical case of catarrhal laryngitis. I am glad to say that so severe an attack is comparatively rare, and that when such cases do occur they are usually classified as edematous laryngitis; but nevertheless I prefer to call the above a case of acute catarrhal laryngitis, with edema of larynx.

The diagnosis being clear, I placed the patient on the following treatment: First, a good purge of Crab-Orchard salts was given, and followed by quinine in heavy doses. To allay the cough I ordered laudanum and combined it with squills to prevent the drying effect of the opiate upon the mucous membranes.

Before prescribing these medicines I ordered that the patient be put to bed in a room having a temperature of from 75° to 80° F., the air being kept moist by means of two tea-kettles on a gas stove. In each tea-kettle were put two pints of water, one tablespoonful of compound tincture of benzoin, and a dessertspoonful of turpentine, the benzoin and turpentine to be added every three hours. Every two hours the patient was to cover his head with a towel,

and, placing his face close to the kettle, inhale the steam for ten minutes. Over the larynx externally I had applied several times during the day the comp. iodine ointment. Under this management the urgent symptoms soon began to subside, and the second stage, that of hypersecretion, soon set in, with great comfort to the patient. The laryngoscope showed rapid subsidence of the edema. In this, as in acute catarrhal conjunctivitis, I reserve astringents for use in the latter part of the second and throughout the third stage.

This treatment was carried out for several days, after which time it was gradually withdrawn. I now applied, by means of the cotton-holder, alum gr. xv, aqua dest. $\frac{3}{4}$ j.

The patient made a rapid recovery, and was discharged with instructions as to the wearing of flannel next to the skin, the use of the cold bath, with after-friction, etc., to prevent a relapse.

As before stated, the above is an unusually severe case of this type of disease. The edema is rare in the adult, but less so in the child, whose sub-mucous tissue is much more loose, and consequently more inviting to exudations. We may, however, have much more severe complications from edema, extending even so far as to necessitate tracheotomy when not relieved by scarification, etc.

In view of the prevalence of laryngeal troubles at this time, I am inclined to lay great stress upon the importance of a clear understanding of their proper management, not only that urgent symptoms may be promptly relieved, but also that the disease may be prevented from going on into chronic laryngitis.

One great difficulty in the management of these cases arises from the impossibility of giving rest to the parts; for of course a man is compelled to breathe, and the air he inhales is usually loaded with irritant substances which tend to keep up the inflammation. Only a short time ago I saw the marvelous effect of rest upon an inflamed larynx. The patient was suffering from tertiary syphilis and phthisis. He had almost lost his voice from a chronic laryngitis with great hypertrophy of the mucous membrane. The cartilages were not involved, but there was paresis of the posterior arytenoid muscles. For the relief of this case tracheotomy was performed and a tube introduced. The lung trouble progressed rapidly, but the tube was worn for some weeks, no local treatment being applied to the

throat. When the tube was removed the voice was nearly perfect and the larynx wonderfully improved in appearance. The patient died of phthisis shortly afterward.

From the use of cocaine in acute catarrhal laryngitis I obtain for my patients great relief. One of the properties of this drug, as is well known, is the blanching of the mucous surface to which it is applied. It not only does this, but it relieves the pain, and thus removes one of the most serious factors of the affection. One great difficulty attendant upon the use of the cocaine is the brevity of its action. We can not see our patients often enough to keep up its effects. Mr. J. A. Flexner, of this city, has made an oleate of cocaine which may serve to obviate the difficulty. I shall soon give it a trial.

In conclusion I may sum up my treatment of acute catarrh of the larynx as follows: The purge, quinine, laudanum with squills, and the steam loaded with benzoin and turpentine should be employed in the early stages; the astringents—alum, pinus canadensis, nitrate of silver, and tannate of glycerine—in the latter stages.

LOUISVILLE.

TREATMENT OF TYPHOID FEVER.*

BY TURNER ANDERSON, M. D.

Prof. of Materia Medica and Therapeutics, University of Louisville.

There is no disease which presents a greater variety of symptomatic phenomena or peculiarities than typhoid fever. The first question bearing upon treatment, exclusive of questions of prophylaxis, which concern boards of health and the physicians only so far as relates to extension to other members of the family in which disease occurs—both of which are mentioned only because of their great importance—is the importance of an early diagnosis, which should, if possible, be made without the aid of quinine.

Much of the subsequent muscular debility may be avoided by an early taking to bed, and the maintenance of the recumbent position throughout in a room the temperature of which is uniform at about 65° F. The general treatment may now be regulated by the stage of the disease and its character. I may say that of the several septenary periods, the first week is the one of greatest

*Remarks before the Louisville Medical Society, Dec. 18 1884. For discussion see page 11.

discomfort and suffering, and frequently requires treatment even when the disease promises to be mild, for the relief of the one and only constant symptom of all cases, cephalalgia.

It is my habit to inquire carefully into the state of the alimentary canal, both its present and past condition for some time previous, as regards constipation. If the onset has been sudden, with high temperature from the beginning, constipation from arrested secretion is the rule, and I order one calomel purge; it has appeared to me to act better than any thing else, and is selected only perhaps because it is the recognized cathartic in fever. If the disease has been ushered in in the usual way by prodromes, and there is diarrhea, or a tendency to looseness of the bowels, the purge is omitted, and subsequent constipation relieved by enema. Water, either acidulated or not, as the patient may prefer, is given as freely as desired at all times, and used externally by sponging, and as a means of applying cold to the head. To control headache I give opium and bromide of potassium.

I do not insist on the administration of much food; of course I use nutriment in a liquid form only, and give the preference to home-made animal broth and milk diluted freely with Vichy water. The soda of the Vichy acts beneficially in correcting the acidity frequently present as a result of the fermentative decomposition of undigested particles, and I find the combination agreeable to most patients.

When the earlier stages of the disease have been passed in as comfortable a manner as possible, no effort having been made by the use of any specific medication looking toward an abortion of its duration, I fully recognize that the duty of the physician relates only to management with reference to a spontaneous termination. I therefore give no medicine, being content, in many cases, to rely on good nursing, plenty of water and limited quantities of liquid food, frequent change of body and bed linen, and absolute recumbency.

We recognize the disease as mild or severe in proportion to the elevation of the temperature; where the temperature is high for a long period great muscular debility is pronounced, and marked prostration results. For the management of a high temperature I rely on the external use of water as an antipyretic agent. I use the sponge-bath either with water alone at an

ordinary temperature or, if much restlessness exists, with the addition of vinegar, directing the bath to be given at the time when the fever is ordinarily the highest, say 3 P. M. I have but little faith in the beneficial action of certain popular agents in use for the reduction of febrile temperature, such, for instance, as salicylate of sodium, quinine, etc. The reduction of temperature is not permanent, and can be equally well accomplished by the physical abstraction of heat through sponging, etc., without the disagreeable sedative effects of antipyretic drugs. All cases do not, however, progress toward a favorable termination with these simple measures alone, and the physician is expected to and can do more in the management of cases less favorably disposed to a successful termination. In these I am certainly fond of the use of certain medicines, and I would classify these agents according to my estimate of their value, as follows: (1) alcohol, (2) opium, (3) turpentine, (4) digitalis.

The first of these agents is given in the form of whisky combined with milk in definite quantities and at stated intervals. It is, in my judgment, one of the nicest points in medical practice to determine at what period of the disease alcohol becomes necessary. I rarely find it useful before the end of the second week, and am guided in its administration by the usual evidences of exhaustion and the ability of the patient to assimilate liquid food in sufficient quantities to sustain the organism. Where only very little nourishment can be appropriated it has proven, in my hands, invaluable, and I have never found it necessary to use more than three ounces of alcohol in whisky *per diem*. Next to alcohol I regard opium of value; I use it in all stages of the disease to control sleeplessness, relieve discomfort, and, when but little food is appropriated, to sustain the system. I never allow my patients to suffer from insomnia, and experience teaches me that in cases characterized by evidences of cardiac exhaustion, such as cyanosis, embarrassed respiration, etc., it does more good when used with alcohol than any other agent.

Just here I may refer to the fact of which I am well aware, that bronchitis and pulmonary congestion are recognized contra-indications for the use of opium. Ordinarily and in primary bronchitis this I believe to be true, but occurring in typhoid fever, and associated with great cardiac weakness, its stimulating influence

upon the circulatory system has seemed in many of my cases to counterbalance all injurious effects—contra-indications. Several cases which had received but poor attention, both as regards nursing and medical advice, have fallen under my care in the latter periods of the disease, sleepless, tympanitic and with diarrhea and marked objective evidences of embarrassed respiration and circulation, in which as a last resort I have used opium freely, and by producing sleep have substituted the swollen, flushed opium countenance for the cyanosis and pinched, drawn expression of countenance of impending dissolution, and promptly established convalescence without other treatment except the use of whisky. And, having seen opium act thus beneficially in cases presenting some of the recognized contra-indications for the use of opium, I have been led to suspect that there may be something peculiar about the form of pulmonary trouble seen in typhoid fever, and would simply suggest as a possible explanation that it is not an inflammatory condition, but a spasmodic dyspnea, dependent upon the effect of retained urea or other effete materials in the blood, so affecting the nerve centers as to produce bronchial spasm. The sibilant râles and other physical signs heard in auscultating the lungs are not inconsistent with this idea, and the subsequent expectoration which so constantly follows ordinary primary bronchitis is not seen in the affection as it occurs during typhoid fever.

I hope to have this point discussed, and would be pleased to know what theories any of the fellows entertain upon this question, and whether all accept what I believe is recognized as the teaching of orthodox authority, that the pulmonary trouble is caused by an effort at elimination of the typhoid poison.

Turpentine is used for the relief of abdominal tympanites and as a cardiac stimulant and hemostatic in hemorrhage from the bowels. For the latter I use one single dose of a dessertspoonful and a full dose of opium. Digitalis is occasionally indicated to correct cardiac irregularity and intermittency of pulse, and has in these cases, where frequency of pulse, without other alarming coexistent symptoms, indicated great illness, done much good.

In concluding these remarks which I have felt called on to make to the Society, I must apologize for having consumed so much time. The successful management of the

disease requires the most careful attention to all details bearing on treatment, and should receive the most patient attention of the physician in his instructions to friends and nurses who have the care of the case. The subject is so suggestive of thought that one hardly knows where to begin and perhaps forgets where it were best to end.

LOUISVILLE, KY.

Miscellany.

MURIATE OF COCAINE.—We are informed by Dr. J. W. Stone, representative of Messrs. Parke, Davis & Co., Manufacturing Chemists, of Detroit and New York, that his house recently quoted muriate of cocaine at \$6 per gram, or forty-five cents per grain in five- and ten-grain bottles. They have also put on the market a four-per-cent solution, ready for use, in one-eighth ounce vials at \$1 per vial. As it is now pretty well understood that cocaine has come to stay, it is interesting to know of its future price. Messrs. Parke, Davis & Co. report an enormous demand, and that the present high price depends only on the exhaustion of stocks and actual scarcity of the article. Their large orders, which were promptly placed in the foreign markets, are only partially filled, while the demand is double the supply. The stocks of coca leaves have been exhausted both in this country and Europe, and prices will undoubtedly advance until the receipt of new consignments of leaves from Bolivia and Peru, and the manufacture of the alkaloid therefrom.

Messrs. Parke, Davis and Co., being the first to manufacture and put on the market fluid and solid extract of coca and to introduce it as such and in form of pills to the profession in Europe and America, may be permitted to indulge in a little pardonable pride at the present condition of affairs, as under their continued effort the demand for coca has increased to an extent that induced the manufacture of the alkaloid, and the resulting discovery of its great value as a local anesthetic.

Certainly the profession in this country is to be congratulated upon the existence in America of a firm controlling the capital and facilities, and displaying the energy and business capacity for which Messrs. Parke, Davis & Co. are noted throughout the world, and the employment by them of

this capital and energy in the development of new therapeutic agents, such as eucalyptus, grindelia robusta, gurana, jaborandi, and their last and crowning triumph, coca leaves, all of which are now officinal, and largely used in this country and Europe. The history of the introduction by this house of some of the most valuable of new remedies would not be without interest. We all remember the at one time sharp denunciation of cascara sagrada, and only a few months ago Dr. Squibb claimed that the entire present stock of coca leaves was valueless, yet that same stock is now consumed in the manufacture of cocaine. And when we note that the derivatives of tea, coffee, and guarana, recommended as efficient substitutes for coca leaves, have none of the anesthetic qualities of the muriate of cocaine, it is evident that if trial were postponed until the scientists were agreed upon the relative merits of drugs, the practitioner would have to wait long for many of his most valuable medicines. The anesthetic properties of muriate of cocaine were accidentally discovered by a student, in the most accidental manner.

LISTERINE.—As a deodorant and antiseptic for the sick-room and dentist's office listerine stands pre-eminent. While it is equal to any and superior to most of the agents commonly used under such circumstances, it adds an agreeable aroma instead of an offensive odor to the surroundings; and it is particularly well adapted to the lying-in room. It may be freely used in spray or lotion without stain or irritation as an agreeable and effectual detergent. It is also specially commendable in weak solution as a mouth-wash and gargle for apthous sores or a fungus condition of the gums, and bad breath; and for certain forms of indigestion—those accompanied by disagreeable eructations—a few drops of listerine in water swallowed is a particularly grateful and excellent remedy. Moreover, according to a series of Experiments upon the Strength of Antiseptics, by Dr. A. T. Cabot (Boston Medical and Surgical Journal, November 27, 1879), listerine compares favorably with the most reliable agents for the rapid destruction of microorganisms.—*The Sanitarian*, October, 1884.

[We have recently seen the happy effect of listerine in the tympanites of typhoid fever. The listerine was mixed with an equal quantity of water, and thus diluted was given in doses of a teaspoonful every

two hours. The medicine was agreeable to the patient, and the intestinal distention was promptly relieved.]

DR. F. H. ENDERS DEAD.—A dispatch from Wailuku, Sandwich Islands, announces the death of this estimable gentleman.

The fatal disease was acute dysentery, and the death took place on the 29th of December.

Dr. Enders was an able and successful practitioner, a learned physician and a graceful writer. His frequent instructive contributions to the Louisville Medical News, relative to diseases more or less common in the Islands, though not indigenous in the United States, have made his name familiar to our readers.

PROF. WM. DARLING, A.M., M.D., LL.D., F.R.C.S., Edinburgh, Professor of Anatomy in the University of New York, died recently at his home in that city. He was one of the most celebrated teachers of anatomy in the land. He dies at an advanced age.

THE LOUISVILLE MEDICAL HERALD has secured the services of Dr. M. F. Coomes upon its editorial staff. Dr. Coomes is a graceful writer, and a gentleman of learning and fine culture. The Herald is in luck, and shall be congratulated.

TEMPERANCE AND CHASTITY.—The phenomenon of "blushing," *i. e.*, the reddening of the cheeks, and often the neck and breast in women, is connected more or less with a similar "blushing," if I may so express it, of the ovary. The sexual orgasm is the highest, the most intense expression of this symptom, wherein the active hyperemia of the ovary leads, through the exaltation of the energy of the sympathetic system, to a relaxation of the arterioles of the superficies, and produces first a blushing, and then a profuse perspiration. Similarly, though in a minor degree, transient and, it may be, slight sensations, having relations more or less remote to sexual emotions, calling up the mental impressions of love, shame, or mere embarrassment, are reflected to the skin of the upper region, and the passing wave of maidenly blush is the tell-tale of the mental impression produced.

These transient ovarian blushes, or temporary congestions, when occurring with a frequency that is beyond what may be deemed normal, tend eventually to set up disease in those glands; and we not unfre-

quently see, where the sexual feelings have been to a certain extent called forth and then repressed, as in an engagement to marry suddenly broken off, that a train of mischief is set up that tends to the development of ovarian tumor. Hence long engagements are physically bad, and breaches of promise fraught with actual harm.

Alcohol administered in sufficient doses relaxes the superficial arterioles, and also, in some way, whether directly through the brain, or reflectively through the sympathetic system, gives increased energy to the organs of reproduction. Hence the misery and crime that so often are the outcome of indulgence in alcoholic beverages, as witnessed by the increase of immorality at seasons of special festivity, a tendency that is too often set forth in the ribald songs that disgrace such seasons of debauch. The total abstinence from alcohol would, therefore, do more to keep women pure, humanly speaking, than any sort of argument, or bushels of advice.—*Dr. Heywood Smith, in the Medical Press and Circular.*

CAUSATION OF LABOR.—Mr. Lawson Tait (*Medical Times and Gazette*), in speaking of the causation of labor, says that evidence is constantly growing to conclusively establish the fact that the ripening and bursting of the Graafian follicle has nothing whatever to do with the periodical phenomena grouped under the term menstruation. Whether the immediate agent exists within the fallopian tube, as I suspicion, I am certain it is not in the ovaries. A great deal that has been assumed on this subject would have to be abandoned, especially in reference to time occupied in the maturing of the follicle. That the uterus has any effect in determining the time of labor can be easily disproved. A strong proof against the ovular theory of menstruation is that the removal of one ovary does not disturb either the periodicity or frequency of menstruation or labor; again, the removal of cystic ovaries during pregnancy rarely if ever interferes with its continuation until full term.

If we accept the theory of an inherited tendency to terminate labor at the beginning of the tenth month, we are still in the dark, as we must have a determining cause or immediate mechanism. As to the separation of the decidua being the cause of labor, I have proved this to be erroneous by post-mortem in a case of extra-uterine pregnancy. The same is true as to the

fatty degeneration of the placenta. The true explanation I believe will be found in the peculiar rhythmical contraction of the pregnant uterus first pointed out by Dr. Braxton Hicks. These contractions occur throughout the entire course of pregnancy, and constitute the most certain and constant sign of pregnancy even as early as the third month. I can not, for an instant, admit that abortion or miscarriage occurs invariably at a period corresponding to a menstrual epoch. My experience has been altogether against this view.

USE OF ANTIPYRETICS IN FEVER.—In the discussion of a paper presented to the Society of Physicians of Vienna by Dr. Jaksch on the use of antipyretics in fever, Prof. Nothnagel (*Medical Times and Gazette*) protested against the tendency in practice to treat fever *à l'aint prix*. It is the custom when a practitioner is called to a case with a temperature of 101° , and no diagnosis can be made, to give quinine. This false and erroneous employment of quinine will in time be discontinued. The fever, according to the conviction of many observers, is a most beneficial phenomenon. The growth of the micro-organisms in infectious diseases being diminished by high temperature, we can not shorten the duration of an acute fever by diminishing the temperature. Accidents occurring during a febrile disease do not always depend on high temperature. Typhoid may run a non-febrile course without therapeutic measures, and nevertheless end fatally. A temperature of 102.5° does not require such treatment, nor does a temperature that does not exceed 104° injure the patient. We must protest against the administration of quinine when the temperature runs to 102° or 103° on the first day before any definite idea as to the disease process has been formed.

THE DANGERS OF LUNACY PRACTICE.—It were well that the traducers of that branch of the profession engaged in lunacy practice were to place themselves, if only in imagination, in the positions of anxiety and danger these gentlemen necessarily occupy, then peradventure some little consideration might be evoked in the midst of the abuse so ignorantly and underservedly poured forth. "All is not gold that glitters" is an axiom peculiarly fitting to the medical superintendents of asylums, whether public or private, a week scarcely passing that

one or other is not savagely attacked by patients under their charge. Last week it fell to the lot of Dr. Murray Lindsay, at the Derby Lunatic Asylum, to be thus singled out, who, as he was turning into one of the wards, was attacked with a chisel by a patient and seriously wounded in several parts. Dr. Lindsay has deservedly the reputation of the most benevolent treatment of patients, and this serious assault is the more regrettable, he having but a very short time since resigned medical charge of the Worsfold Asylum and gone to Derby.—*London Medical Press*.

TESTS FOR THE PURITY OF MENTHOL.—Dr. A. B. Lyons, in the *Therapeutic Gazette*, says that menthol, either in crystals or pencils, may be tested by the melting point, as is shown by putting a little of the menthol in a watch-glass, floating on a water-bath, at a temperature of 115° F., in which it should be at once liquefied. This would show adulteration with wax, which melts at 140° to 150° F., but would not detect adulterants of lower melting points. By heating the watch-glass containing the sample to 212° F., until all volatile matter is driven off, the presence of fixed impurities will be shown. Salicin, an ingenious adulteration, can be recognized by its solubility, its bitterness, and the red color it gives with sulphuric acid. Pure menthol should be quickly and entirely soluble in alcohol.

ABSORBENT COTTON.—Mr. E. Poulsson, in the *American Journal of Pharmacy*, gives the following modified process for the preparation of absorbent cotton: Boil a kilogram of cotton (about 2 av. pounds) for half an hour in 4 liters (about $4\frac{1}{2}$ qts.) of water containing 25 grams (about 6 drams) of caustic potash, then wash it till every trace of alkali is removed, squeeze it dry and steep it for fifteen or twenty minutes in a 5-per-cent solution of chlorinated lime. After being washed with a little water, the cotton is next dipped into water acidulated with hydrochloric acid, rinsed in fresh water, boiled again in alkaline water as at first and washed, then dipped into acidulated water, rinsed and dried.—*Weekly Drug News*.

GOLD MEDAL AWARDS TO UNITED STATES PRODUCTS AT INTERNATIONAL HEALTH EXHIBITION, LONDON, 1884.—Among the food products exhibited at the International

Health Exhibition, London, 1884, from the United States, were *Beef Peptonoids* and *Maltine*; both of these preparations carried off the only Gold Medal and highest award against numerous competitors in their respective classes. All food preparations were critically analyzed at this Exhibition by a jury composed of the best chemists in the country.—*London Lancet*.

PHOTOGRAPHING THE LARYNX.—Dr. T. R. French, Brooklyn, described a method of photographing the larynx at the meeting of International Medical Congress at Copenhagen. This, together with an illustration of the instrument used and some of the photographs obtained are published in *New York Medical Journal*. The camera used is small and attached to the laryngeal mirror. Sunlight, after refraction through a series of lenses, is the source of illumination. He claims that the method is of practical utility and must prove of great service in facilitating the study of the functional diseases of the larynx.

HOPS AND CIDER FOR THE RELIEF OF EXOPHTHALMIC GOITRE.—Before the Sheffield Medico-Chirurgical Society, November 20th, 1884 (*Medical Press*), Dr. Baldwin exhibited the man shown by him a year ago with this affection. He was then unable to lie down, and apparently was in a most critical condition. During the past summer he has been roughing it, hop gathering, etc., drank a quantity of cider, and is now much better, and able to lie down in moderate comfort.

JEQUIRITY SEEDS.—The *Can. Pharm. Journal* notes that Jequirity (*abrus precatorius*) seeds are reported by Messrs. Gehe to be in less demand than formerly, owing to the warning given by Dr. Vossius, that the application of the infusion to the eye is liable to produce permanent injury to vision.

THE death of Professor Carl Vierordt, of Tübingen, is reported in the "*St. Petersburg Medicinische Wochenschrift*" as having taken place on the 22d of November, in the sixty-seventh year of his age, after a lingering illness.

THE death of Professor von Wittich, of Königsberg, is announced in the "*Lancet*."

THE Cremation Society of England announces that it is ready for work.

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1807. THEODORE STOUT BELL. 1884.

"Inasmuch as the soul is manifestly immortal, there is no release or salvation from evil except the attainment of the highest virtue and wisdom." *Socrates.*

"Whilst I study to find how I am a microcosm, or little world, I find myself something more than the great. There is surely a piece of divinity in us; something that was before the elements, and owes no homage unto the sun." — *Sir Thomas Browne.*

"Thou shalt come to thy grave in a full age, like as a shock of corn cometh in his season." — *Job v, 26.*

Last Sunday morning there died in Louisville a man whose years have bridged more than three quarters of a century, and whose ceaseless feet and tireless hands have left "footprints on the sands of time," or graven records upon its rocks, which shall long withstand the wearing waves of the incoming years.

Theodore S. Bell, the philanthropist, the physician, the philosopher, is no more.

Dr. Bell was born in Lexington, Ky., in 1807, of humble parents. Losing his father at an early age, he was put to work that his earnings might contribute to the support of his widowed mother. He began life as a newsboy, and early manhood found

him at work upon a tailor's bench. But here, amid such unfavorable surroundings, his love of learning asserted itself, and the struggles of the earnest boy, who fought the wolf of famine with his hands, while his heart and head were intent upon the acquisition of knowledge, bring to mind the fit words of Edward Holmes, who says, in commenting upon similar circumstances and heroic endeavor which marked the boyhood and youth of a famous old-world genius, "that such a career is hardly to be conceived unsupported by the consciousness of a great destiny and its secret sustainings from within." But happily he found at this time a friend in Mr. James Logue, a learned teacher, of Lexington, who foresaw a brilliant future for the young student, and kindly undertook to instruct him. The teacher, without pay, gave him his precious after-school hours, and Bell pursued with ardor his studies, in spite of the grim necessity which compelled him to work at his trade for from twelve to fourteen hours a day. Later the young man appears as the private student of the great Dr. Dudley, who found for him a way to enter the Transylvania University, then at the zenith of its glory. He graduated in medicine from this school in the spring of 1832, and soon thereafter took up his abode in Louisville. Here for more than fifty-two years he has lived and labored, to the credit of the city, the fame of medicine, and the glory of humanity.

It may be truthfully said that during the half century of his sojourn here no worthy event or institute—medical, religious, political, educational, or charitable—has been projected or brought to light which did not enlist his warm interest in its behalf or earnest labor for its success.

As noteworthy illustrations of this may be mentioned his efforts in securing, in 1837, the removal of the medical school of the University of Transylvania to this city, and his telling work in helping to establish the Kentucky Institute for the Education of the Blind.

From the first developed the University of Louisville, in which twenty years afterward he accepted the chair of the Theory and Practice of Medicine. From that time (with the exception of two or three years) until the day of his death the students of this institution have drawn lessons of priceless worth from his lectures, which, ever put in a plain and forcible manner, were strong in logic, profound in learning, and graceful through the ever-varied culture of the speaker.

The School for the Blind enjoyed for forty years his constant care. He watched over its sightless inmates with all the tender solicitude of a father, and many a soul doomed else by fate to grope its lifelong way through the world in total darkness found in him "eyes" by whose aid it might walk securely and catch glimpses of light and beauty from the scenes around.

Dr. Bell was a man of vast and varied learning, and a writer of peculiar grace and force. He was, in the earlier part of his career, associated with the elder Yandell and Henry Miller in the editorial management of the Western Journal of Medicine and Surgery, one of the first medical periodicals established in this country, and on the retirement of these gentlemen conducted the magazine for many years alone. Since his editorial retirement he has been a frequent contributor to current medical literature. His medical writings embrace a wide range of topics, but his favorite theme was hygiene and epidemic disease. In this department his studies had been most profound and searching. The Louisville Medical News, of 1883, contains his last contributions to medical literature. But medicine was only one item among many themes which engaged his ever-ready pen. He wrote extensively upon topics of general literary and scientific interest. He was an able reviewer and a first class general editor. His abilities in this direction were the admiration of George D. Prentice and other magnates of the press. From the beginning of the old

Louisville Journal, and after its consolidation with the Courier down to within a few weeks of his death, Dr. Bell was ever in some manner editorially identified with it. His writings if collected would make many volumes.

Dr. Bell was, in the true sense of the word, a Christian man. No life more fully than his illustrated the teachings of Jesus Christ. He sold all that he had and gave to the poor, and literally took no thought for the morrow, knowing that He who marks the fall of the sparrow and heeds the young raven's cry for food, would keep his covenant with his aged, faithful servant.

Dr. Bell lived alone, yet none knew better than he that it was not "solitude to be alone." Since the death of his most estimable wife, whom he lost more than twenty years ago, he had adopted this life as best fitted to his studious and meditative habits. He died alone and unattended, but this was as he wished to die. At least, it was his oft expressed desire that he might fall with the harness on. On the day before his death he was, though in very feeble health, attending to his practice, and on the morning when his dead body was found it was evident, from the condition of the room, that he had passed much of the night at his desk with his books, as was his wont.

This seeming austerity of manner argues none in heart. No man had more friends than Dr. Bell; no man loved his friends better than he, or was better loved in return by his friends. His death, although his span of life had measured almost the full limit of the Psalmist, carried sorrow to very many hearts, and seemed to awaken in the whole community the sense of an irreparable loss. Thousands thronged to view his body as it lay in state, and his obsequies were those of a patriarch.

DR. RICHARD C. BRANDEIS.

The mysterious disappearance of this well-known young physician from his accustomed haunts in New York City brings

sorrow to his many friends in this the home of his youth and the scene of his early professional labors.

On the 22d of December Dr. Brandeis left the New York Ophthalmic and Aural Institute, where he had made his usual daily rounds, and has since not been heard from.

Dr. Brandeis is the son of our esteemed citizen, Dr. Samuel Brandeis. He was a brilliant, prosperous, and successful physician, and singularly happy in his domestic relations. The only tenable theories in the case are that he may have been suffering from mental aberration, or that he has been foully dealt with. The worst is feared. The terrible suspense and deep sorrow which have prostrated his beloved father and family call forth the warmest sympathies of a host of friends.

THE NEW YEAR.

With this number the NEWS enters its nineteenth volume and its tenth year.

In wishing his readers a Happy New Year, the editor owns a grateful sense of many kindnesses and courtesies received at their hands during the year that is past; and though keenly sensible of the great loss sustained by the journal and himself, through the death of its late brilliant senior editor, he is not cast down in finding himself confronted with promises which were destined never to be kept.

In the face of many difficulties he has striven to do his full duty, and is happy in the fact that his efforts have met with generous favor on every hand and have been rewarded with more than expected success. The journal enters upon its new year with its star of business prosperity in the ascendant and with its facilities for effective literary work much increased.

As a warrant for the latter part of this statement, a glance at the title-page will show that we have secured the services of an industrious and accomplished assistant editor and a staff of eminent collaborators.

Bibliography.

Lectures on some Important Points Connected with the Surgery of the Urinary Organs. By Sir H. THOMPSON, F.R.C.S. Philadelphia: P. Blakiston, Son, & Co. Students' cheap edition, cloth, \$1.25.

These six lectures were given at the Royal College of Surgeons in June, 1884; condensed reports of which appeared in the leading British medical journals. Tables, reports of cases, foot-notes, references, etc., have been added, and the lectures appear in print for the first time in a complete form. In these lectures the author treats of the following four subjects: Stricture of the Urethra; Prostatic Hypertrophy and its Concomitants; Vesical Hemorrhage, due chiefly to growths or tumors developed in the bladder, and Urinary Calculus. In the first lecture, internal urethrotomy is strongly insisted upon for all strictures which do not yield to the simpler treatment of dilatation by bougies. The author is a staunch advocate for a urethrotome which cuts from behind forward, and backs up his judgment by a very large experience. The chief interest in the lectures centers in the discussion on the diagnosis and treatment of vesical tumors, and in the results of more than eight hundred cases of stone in the bladder. The author has enjoyed unrivaled experience, and this volume will be of permanent value to the profession. Sir Henry Thompson has set an example, which might well be followed by other authors, of issuing cheap students' editions of his works.

J. B. M.

Permanganate of Potassium: its Uses and Abuses. By Roberts Bartholow, M.D., LL. D., Professor of Materia-Medica, General Therapeutics and Hygiene, in the Jefferson Medical College of Philadelphia, etc. Philadelphia Medical News. Reprint.

Irregular Contraction of the Uterus. By E. S. McKee, M. D., Cincinnati, Ohio, late Clinical Assistant to the Hospital for Sick Children, Great Ormond Street, London, England. Reprint. Columbus Medical Journal, December, 1884.

In these papers the author makes some valuable practical suggestions for the physician, and shows himself to be a careful and close student of ancient and modern medical literature.

Pyuria Pus in the Urine, and its Treatment; Comprising the Diagnosis and Treatment of Acute and Chronic Urethritis, Prostatitis, Cystitis, and Pyelitis, with especial reference to their local treatment. By Dr. Robert Ultzmann, Professor of Genito-Urinary Diseases in the Vienna Polyclinic. Translated by permission by Dr. Walter B. Platt, F. R. C. S. (Eng.), Demonstrator of Surgery in the University of Maryland; Visiting Surgeon to Bayview Hospital, Baltimore. New York: D. Appleton & Co., 1, 3, and 5 Bond Street. 1884.

A Hand-book of the Diseases of the Eye, and their Treatment. By Henry R. Swanzy, A. M., M. B., F. R. C. S. I., Surgeon to the National Eye and Ear Infirmary, Ophthalmic Surgeon to the Adelaide Hospital, Dublin; formerly assistant to the late Professor A. von Graefe, Berlin. With illustrations. New York: D. Appleton & Co., 1, 3, and 5 Bond Street. 1884.

Annual Report of the Surgeon-General, United States Army, 1884. R. Murray, M. D., Surgeon-General U. S. Army.

This pamphlet is an octavo of 49 pages. It is neat and unpretentious in appearance, rich in matter, and carefully condensed in text. The chief executive of the army medical department shows, by this report, that he does not favor the waste of ammunition in times of peace.

The Common School Laws of Kentucky. Edition prepared and published by the Superintendent of Public Instruction. Frankfort, Ky.: Kentucky Yeoman Office, S. I. M. Major, Public Printer, 1884.

This compilation is studiously and carefully made, and is by means of a well prepared index made fit to serve the needs of the educator as a book for ready reference.

Membrana Virginatatis. By E. S. McKee, M.D., late Clinical Assistant to the Hospital for Sick Children, Great Ormond Street, London, England. Reprint. Nashville Journal of Medicine and Surgery. November, 1884.

Biennial Report of the Alabama Insane Hospital at Tuskaloosa for the years ending 30th September, 1883 and 1884. P. Bryce, M. D., LL. D., Superintendent, Montgomery, Ala. W. D. Brown & Co., State Printers, etc. 1884.

This report is nothing less than a substantial contribution to psychiatry. It shows that the Alabama State Asylum is in first-class working order, while the results of the

measures inaugurated and carried forward by its able superintendent during the last twenty-five years, attest the wisdom of long terms of service for such as prove themselves worthy of the trust. Dr. Bryce retires from office, carrying with him the good wishes of all who know him, and leaves behind him a record of which himself, his friends, and his State may well be proud.

Societies.

MEDICAL SOCIETY OF LOUISVILLE.

Stated Meeting, December 18, 1884. F. C. Leber, M.D., President, in the chair.

Dr. Turner Anderson delivered an address on the treatment of typhoid fever. (See page 1.)

Dr. William Bailey opened the discussion by saying we should look for the causes of death to find that which is indicated for the proper management of the disease. About ten or fifteen per cent of all deaths are caused by lesions of the bowels, but the mortality in the great majority of cases is caused by debility of the heart, and exhaustion from the prolonged and elevated temperature. The same elevation of temperature would cause equal exhaustion in other diseases if it was as prolonged as in typhoid. The disease will run a certain course, and we have no power to shorten the time even one day, therefore our chief aim should be to lower temperature and support the powers till the crisis is reached. Take care of the digestive functions, and give as much food as the patient has power to assimilate. The cephalalgia, that is such a constant symptom during the first week, will usually disappear even without treatment during the second. He objects to giving opium and bromide potassium together, as one congests and the other blanches the brain. If the headache is caused from anemia of the brain, give opium alone, but bromide of potassium in those cases caused by the opposite condition. After the second week give alcohol, watching its effects closely so that too much may not be given. Water should be locally applied at the temperature most agreeable to the patient. A general bath may be given as often as need be; every hour if necessary. He prefers to place the patient in a warm bath, gradually adding cold water till the desired temperature is reached. He gives sulphate quinine

as an antipyretic, though it does not shorten the disease even one day; he uses it for the same purpose for which he employs water locally. When the temperature is 104° in the morning and higher in the evenings he would consider himself culpable if he did not use it. He gives it in the evening, a single dose of twenty grains. We give quinine in these doses in intermittent fever, why should we not in typhoid fever to lessen temperature? Alcohol is of the greatest benefit in encouraging a feeble heart to do its best.

Dr. J. M. Clemens, believing in the germ theory, considered the intestines a hot-bed for the multiplication of these germs, therefore he gave oil and turpentine; it not only served as a scavenger to the parts, but the turpentine acts directly upon the mucous membrane of the bowels, and is a germicide; he prescribes it in gtt. viiss to x, repeated every three hours, and continued for days or even weeks; from this treatment he had noticed less disturbance of the stomach and bowels, and less tympanites than from any other. As to the diet, he gave boiled milk with crackers, salt and pepper, and usually limits his patients to this diet; he did not give meat or meat juices, because he considered it had been proved that they were the best menstrua in which to propagate the germs. Alcohol, in the form of milk punch, is the best heart stimulant; the patient is able to take four times as much as when well—he had never seen bad results from its use; he prefers whisky, as wine may sour the milk if combined with it. He gave quinine in those cases where there was a high range of temperature, but not in as large doses as some recommended, never more than ten or fifteen grains at a single dose. To procure free elimination from the skin and kidneys he recommends hot drinks, milk, or if the patient can not take this, hot water in large quantities. From salicylate of soda he has had good results, but he does not give it in antipyretic doses, because of danger to the kidneys. He had given bichloride of mercury in 1-15-grain doses, every three hours, continued for some time without evil effect. When the kidneys are congested he gives infusion digitalis and acetate of potash as a diaphoretic. He uses jaborandi at times. Alcohol will counteract its depressing influence on the heart; he gives it, even when there is a weak heart, without bad results. He does not use the full length bath at 60° or 70° F., as some recommend, he prefers the water at 98° , gradually cooled to about 80° .

Dr. Anderson here inquired what had

been the main cause of death in Dr. Clemens cases, and what proportion of cases had been complicated with croupous pneumonia.

Dr. Clemens replied that, out of seventy-one cases he had attended since last July, he had five deaths; two caused from intestinal hemorrhage, one from intussusception, and one from perforation of the bowels. In the fifth case, there had been croupous pneumonia, but convalescence had set in, the menses not appearing at the regular time, the temperature rose with coma, followed by death. Nine out of ten cases of typhoid fever had cough from bronchial irritation.

Dr. Irwin thought that we should look at the disease as though nothing had ever been written on the subject save its pathological anatomy. Before prescribing medicines, if we at once arrive at the conclusion that we have to deal with an idiopathic inflammation of certain parts within the bowels giving rise to a fever corresponding with the severity of the local affection, we will have a clear view of its physical manifestations. Never mind its etiology, we know almost nothing about it. Let us dwell upon what we do know. The first thing to be done is to procure rest for the patient, then have the bowels evacuated by mild laxatives. Pain, diarrhea, and insomnia should be controlled by opiates. Small doses of opium will usually answer the purpose. A liberal supply of food, easy of digestion, should be given throughout the disease, and its digestion aided by some form of pepsine. Stimulants are not generally of benefit unless indicated by heart failure, then small quantities may be given to relieve the impending danger. Cold water, as much as the patient craves, should be given. Cold applications applied to the body do no good. On the contrary, they are unscientific and do harm by causing a contraction of the superficial capillaries, thus giving rise to increased pressure on the affected organs. The room should be well ventilated, linen kept clean, and all excrementitious matter should be removed, the vessels being disinfected by means of a solution of sulphate of copper or permanganate potash.

Dr. Allen Kelch reported a case complicated with croupous pneumonia. There were the usual phenomena up to the third week, when excessive diarrhea set in with involuntary passages from the bowels. He ordered three grains of opium to be injected into the intestines; from that time on patient began to improve, and eventually made a good recovery. J. C. McGUIRE, M. D.

Correspondence.

LONDON LETTER.

[FROM OUR SPECIAL CORRESPONDENT.]

The president and council of the British Medical Temperance Association have offered a prize of one hundred guineas for the best essay on the Physical and Moral Advantages of Total Abstinence from Intoxicating Liquors, to be competed for by medical students in the United Kingdom. The essays are to be sent in by March 31, 1885.

A tumor was successfully removed from the substance of the brain at the Hospital for Epilepsy and Paralysis, Regent's Park. The case is under the care of Dr. Hughes-Bennett, who, having diagnosed an encephalic morbid growth of limited size and localized it in the upper part of the fissure of Rolando, requested a surgeon to trephine the skull over the suspected region. This was carried out by Mr. Rickman Godlee. A mass of glioma the size of a walnut was extracted from under the gray matter of the upper part of the ascending frontal convolution.

As a matter of "fashion," that is certainly a very queer whim that the Medical Officer of Health for Marylebone says has grown up in some of the more aristocratic quarters of London—it is becoming the fashion, he says, to have straw laid down in the streets for maladies neither serious nor likely to be aggravated by a little noise. The time was when a muffled road-way indicated something very serious, somebody perhaps lying dangerously ill, and to whom a noisy or a quiet road-way might make all the difference between life and death. In many parts of Marylebone, Mr. Blyth's monthly report says that this practice of laying down straw was last month so prevalent that letters were received at the Vestry Hall asking whether there was not some wide-spread epidemic. It is not to be supposed that "fashion" can be put down by a medical officer's report, and, though the Vestry may no doubt sometimes withhold the sanction necessary for a coating of straw, Marylebone will probably find means of having its way. Straw is objectionable, if not dangerous. It may be fired like a prairie plain on a small scale when dry, and when wet it soon becomes rotten and offensive, and in some measure prejudicial to the health of a neighborhood. There seems to

be an opening for commercial enterprise here. Who will provide a sound-deadener for roads which will not take fire or trample into a quagmire, or throw down horses? It will no doubt be more expensive than straw, but it will on that account be all the better adapted to purposes of ostentation, which no doubt have something to do with this growing fashion.

Mrs. Weldon, who is bringing action against the medical men who attempted to place her in an asylum, seems to have scared the whole medical profession. Doctors have become very wary about signing certificates of lunacy, and some inconvenience must have resulted from this in cases where certificates were urgently needed. But, on the whole, this will be a good thing if it leads to the reform of the lunacy laws. Certificates ought to be countersigned by a magistrate, or by some parochial lunacy doctor permanently appointed. This would cover the responsibility of doctors signing in good faith, and deter dishonest doctors from entering into conspiracies to shut up people who are not insane. The next step ought to be to place all asylums under State or county control. Persons who are proved to be dangerous to themselves or to others ought not to be intrusted to the care of private speculators. There may be exaggeration in some of the stories told about the irregularities of private asylums, but it is equally possible that some of the worst facts about certain of these places never come to light. As the law at present stands, a man need not be a doctor to get a license for keeping lunatics. It is enough that he should employ a doctor. The law again empowers nobody to see that the lunatic has food and accommodation suitable to the price which is paid for him, or that he gets the medical treatment adapted to his special malady. All this requires change.

M. Marey has drawn much attention lately to the "human walk." The most practical deduction from his earlier experiments was that low heels have a very favorable influence on the pace at which a person can walk. He has now found that the rhythm of the step has a very important influence on the speed. The rhythm was studied by means of an electric bell actuated by a pendulum of variable length, to enable the subject to keep exact time, and the distance traveled was recorded on the podograph by electric signals sent along a wire at every fifty meters traversed. M. Marey finds that the length of the step in-

creases little until sixty-five steps per minute are taken; it then increases until seventy-five steps are taken, and afterward decreases as a higher rhythm is reached. The speed of travel increases with the acceleration of the rhythm up to eighty-five steps per minute, then decreases at higher rhythms.

Dr. Andrew Wilson has in preparation "An Elementary Manual of Health-Science," adapted for teachers and others, and written conformably to the requirements of the examination in hygiene of the Science and Art Department.

The first of a series of popular lectures upon the subject of precautions, local and personal, to be taken against cholera, was delivered at the Parkes Museum of Hygiene by Mr. Ernest Hart, Chairman of the National Health Society, who treated the subject in its national and international aspect. Director-General Crawford, of the Army Medical Staff, presided. The lecturer, having sketched the history of international law and custom on the subject, maintained that quarantine had proved useless and mischievous; it had never kept cholera out of any European country, or confined it to any district. Referring to the epidemics at Toulon, Marseilles, and elsewhere, he pointed out that those towns which had invited cholera by their neglect of the first laws of sanitation had suffered the most severely. Rome, with its pure supply of water and its relatively efficient drainage, had remained free from cholera, while Naples, with its ground-soil impregnated with sewage, and its filthy habitations and polluted water-supply, had suffered most lamentable losses. He believed that the recent outbreak in Paris was due to the temporary supply of a highly polluted water to various districts. It had been repeatedly demonstrated that the incidence of cholera was in exact proportion to the pollution of the water-supply and the absence of means of carrying off refuse. Cleanliness, in its fullest, widest, scientific, and municipal sense, was the prime element of safety.

Dr. Henry Lansdell, who recently printed some jottings relating to his 12,000-miles journey in Russian Central Asia, has in hand a fuller account of his journey, detailing his experiences in Kuldja, Merve, Khiva, and other tracts outside regular traveled routes.

In an action brought by Mr. Fleet, an owner of property at Dareuth, Kent, against the Metropolitan Asylums Board, to restrain the continuance of a smallpox convalescent

camp situated within seven hundred yards of his house, it was decided that under the present excellent management of the camp no real danger to health existed, and the action was accordingly dismissed, with costs.

LONDON, DECEMBER, 1884.

COCA IN ATROPHY OF THE RETINA.

Editor Louisville Medical News:

William Tracie, white, aged forty, was for two months under treatment in the eye and ear ward of the Louisville City Hospital for so-called atrophy of the retina. His sight had uniformly improved under the use of strychnia hypodermically. Beginning with one forty-eighth of a grain, the dose was progressively increased until a twelfth of a grain was given morning and night. Upon the plea of business he was allowed to leave the hospital, with the promise of returning in a few hours. He stayed away for several days, and was finally returned to the hospital with a well-marked delirium tremens, his impairment of vision having increased under the dissipation.

According to my custom in dealing with such cases, he was put on dram doses of the fluid extract of coca, administered every two hours. At the end of twenty-four hours he called attention to a marked improvement in his sight. The drug has been continued, and his sight is improving much faster under its use than it did while he was taking the strychnia.

From the foregoing it would seem that coca is likely to do good service as a substitute for strychnia in the eye diseases arising from the abuse of whisky and tobacco.

It is my hope that the profession may be encouraged by this favorable report to give the drug further trial in eye troubles characterized by impairment of vision, and especially in that affection which is called by the Germans atrophy of the retina.

EWING MARSHALL, M. D.,
Resident Physician Louisville City Hospital.

Selections.

THE HISTORY OF BLOOD-LETTING.—At the meeting of the Abernethian Society (St. Bartholomew's Hospital), on Thursday, November 20th, Mr. Brinton briefly sketched the history of blood-letting:

The first recorded case was one which

occurred at the close of the Trojan war, and is referred to in the works of one Stephanus, of Byzantium. The origin of the practice was attributed by Pliny to the hippopotamus of the Nile. The words of the translation of Philemon Holland (A.D. 1601) were given in their entirety. A short account of some of the views of Galen on the subject was given, and it was shown what opposition his views on the subject of blood-letting called forth, chiefly from the blind followers of Erasistratus, who preceded him by about four hundred years. The change of practice which has recently taken place was shown to be due, (1) To the discovery of chloroform, which, in many surgical cases does that which before could only have been accomplished by copious depletion; (2) to a more inquiring mind, which began by trying the experiment of watching the natural history of those diseases which previously had been treated by bleeding according to tradition. The author disclaimed any such excuse for its discontinuance as that occasionally brought forward, viz., change of type of disease as well as of mankind. He would discuss blood letting chiefly in respect of the treatment of uremic, puerperal, and epileptic convulsions, apoplexy, bronchitis, dilation of the right heart from valvular diseases, pneumonia, and thoracic aneurism. The utility of the practice in most of the diseases was illustrated by cases. With regard to uremia, cases showed that blood-letting had a marked action in reducing the amount of albumen present in the urine. In one case the total amounts of albumen in the urine, of two periods of twelve hours, immediately before and immediately after venesection, were seventy-five and thirty grains respectively. Recorded cases also showed that it was often called for and successfully practiced in puerperal eclampsia. Two cases were brought forward illustrating this. In apoplexy it might be called for during the period of reaction, never before—the guide to the condition of the artery in the brain being the state of tension of the pulse of the wrist. Any lowering of tension of the arterial system might allow the formation of a clot in the ruptured artery and check the increase in amount of the effused blood. Allowing that in apoplexy there was cerebral anemia, the only effect which a rapidly increasing effusion of blood would have must be increasing strangulation of the circulation of the parts near it, and limiting the effusion would tend to prevent in-

crease of strangulation. In diseases of the valves of the heart leading to a dilated right ventricle general bleeding, when other remedies had been tried and had failed, was of signal service. In these cases the effect was simply mechanical, and an irregular and empty pulse was the indication for blood-letting. This application of blood-letting was quite in antagonism to older teaching, inasmuch as formerly it was practiced when there was an "inflammatory" pulse, mainly with the object of limiting the inflammatory process. In some cases of pneumonia, when, about the time of the crisis, there were signs of a failing heart, blood-letting should be cautiously tried, as in cases of this kind the cause of the failure is obstruction between the right and left sides of the heart, leading to an impossibility of the right side drawing enough blood to fill the arterial system. Bleeding in bronchitis with the same object, viz., that of relieving the right side of the heart, was often necessary, and should be done without regard to the tumultuous and irregular action of the heart, as this was due to the causes mentioned above. In the treatment of thoracic aneurism bleeding has undoubtedly prolonged life. A case was quoted in which a man had an aneurismal swelling on the front of the chest, absorbing the costal cartilages and ribs, for fifteen years; he died at the age of sixty five, having been bleed over one hundred and sixty times. With regard to local blood-letting by leeches, the indication for its use was pain, such as the pain in a dry pleurisy or in cases of perityphlitis. In conclusion, the precautions necessary in the operation were briefly mentioned, and it was pointed out that in many cases in which bleeding was necessary the cutaneous veins of the arm were impracticable, owing to deficient circulation through the limb. In these cases the external jugular was always available.—*Medical Press and Circular.*

CARBOLIZED WATER TO PREVENT SHOCK IN LITHOLOPAXY. Dr. Edmund Andrews, Professor of Clinical Surgery in Chicago Medical College, presented to the Section of Surgery and Anatomy of American Medical Association, May, 1884, the following (Journal of the A. M. A.): The power of carbolic acid to benumb the sensibility of the nerves, when applied locally, is well known. For several years I have acted on this hint in the new operation of litholopaxy, with the view of blunting the

impressibility of the urethral and vesical nerves, so as to make them tolerate the prolonged use of instruments without shock. For this purpose I provide a large supply of warm carbolized water, of the strength of from $1\frac{1}{2}$ to 2 per cent, and use this exclusively, both to distend the bladder during the crushing of the stone and to wash out the fragments. The result is so gratifying that I can not but attach great value to this method. I have tried it in nineteen cases, with only one death. The patients averaged nearly sixty years of age, and most of the stones were large. One patient of the age of sixty-nine years, with a stone weighing two and half ounces, was under the operation for about an hour and a half. There was not even a chill following this severe procedure, and he recovered without a single dangerous symptom.

One stone in a young man was oxalate of lime and over an inch in diameter, and so hard that the first fracture required nearly the entire strength of my hands. He recovered without difficulty, and walked about town in eight days. Other cases were equally striking.

The acid seems to act favorably by blunting the nervous susceptibility to shock, and also by leaving the bladder in a thoroughly antiseptic condition, highly favorable for preventing inflammatory action.

BACILLI IN SYPHILIS.—The discovery of bacilli in syphilitic lesions is announced by Dr. Lustgarten (*Wien. Med. Wochensch.*) His researches, which were made in Weigert's laboratory, at Leipsic, consisted in a special method of preparation and staining of sections of primary chancres and a gumma. In all were found, isolated or in small groups, slender, straight, or slightly curved bacilli, much resembling tubercle bacilli. The organisms were imbedded within swollen lymphoid cells, and exhibited transparent spots which resembled the "spores" of Koch's tubercle bacillus.—*Lancet*.

ABSCESS OF THE STOMACH.—A man, aged forty-five, had always suffered from dyspepsia from overeating and drinking (*Annali Universali di Medicina*, December, 1883). Symptoms of chronic gastritis, hematemesis, increase of volume of the stomach lasted a long while. No tumor could be found. The temperature was always subnormal. At the necropsy extensive adhesion of the stomach to the neighboring viscera was found, with general and intense hypertro-

phy of its walls, and great dilatation, the capacity being 4,000 cubic centimeters. The pyloric orifice was not narrowed. There were epithelial abrasions but no signs of ulcer. On the posterior wall near the pylorus an oval fluctuating swelling was noticed, thirteen centimeters long by eight broad; on opening this, 300 cubic centimeters of pus escaped. The abscess was situated in the submucous cellular tissue, between the mucous and muscular coats. No other alteration worthy of notice was found in the other viscera. Dr. Testi's paper, which is a very long one, enters fully into the history of this rare disease, and is completed by a bibliographical list of authorities.—*London Medical Record*.

HYDROCHLORATE OF PAREIRINE.—In an interesting memoir on the therapeutic value of certain drugs contained in the Brazilian Pharmacopeia, M. Ferreira has drawn attention to the value of hydrochlorate of pareirine in the treatment of cases of paludism which prove refractory to the use of quinine. The dose of two grams a day of the salt is proposed for chronic cases dependent on latent ague, and the dose may be doubled where the acute stages have to be dealt with.—*Lancet*.

CARBOLIC ACID IN AGUE.—The recommendation of a more frequent trial of subcutaneous injections of a one-per-cent solution of carbolic acid was made recently by M. Dieulafoy at the Société Médicale des Hôpitaux. He had employed the method in an obstinate case of tertian ague. The remedy, which is by no means new, is employed twice or thrice daily, in doses of from two to three centigrams, of the solution above indicated.—*Lancet*.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes in the Stations and Duties of Medical Officers serving in the Medical Department of the United States Army, December 21, 1884, to December 27, 1884.

McParlin, Thomas A., Lieutenant-Colonel and Assistant Medical Purveyor, granted leave of absence for three months, on surgeon's certificate of disability. (S. O. 301, A. G. O., December 24, 1884.) *Johnson, Henry*, Captain and Medical Storekeeper, directed, in addition to his present duties, to perform the duties of Assistant Medical Purveyor in New York City. (S. O. 301, A. G. O., December 24, 1884.) *Wales, P. G.*, First Lieutenant and Assistant Surgeon, relieved from duty Department of Colorado, and ordered to Department Arizona. (S. O. 128, Division Pacific, December 17, 1884.)

THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, JANUARY 10, 1885.

Original.

SOMEWHAT ON ASTHMA.

EFFECT OF CHLORAL ON THE DISEASE.

BY RUFUS W. GRISWOLD, M. D.

The happy results obtained in some long-standing and severe cases of asthma from the use of the chloral hydrate induce the writing of this paper. Perhaps nothing new will be offered, as it is not unlikely that the same remedy has been used by others, and the results by them obtained generally communicated, but as it has not been my fortune to observe the administration of chloral recommended in asthmatic troubles, my experience with it in a few cases may be worth putting in print. I have looked over several of the standard works on practice, some of the present generation and some of the past, have consulted a good number of works on therapeutics and many volumes of formulæ, without noticing any mention made of the use of this particular drug in the treatment of asthmatic disease; still, as none of us read the half of what is put in type on the practice of medicine, it is always quite possible that the experiences we may think entirely new are in reality new only to ourselves. If apology is needed for offering what I have to present, it may be found in the lack of reading *enough* medical literature.

I propose to present something of a couple of cases of severe and typical asthma, and of the effect of the chloral upon them, as illustrating like results in several other cases of the disease. Some ten years ago, while I was attending an ailing child in the family of Mr. E. G. H., the mother had a very severe "spell" of asthma. Inquiry elicited this history: She had been a sufferer from the trouble from

childhood up, with an apparent hereditary tendency. She was at that time about thirty-six or eight years old, married and with one child. The attacks were irregular in their appearance, coming at any time of the year, severe, prolonged, and therefore unmanageable. In the way of treatment she had been wrestled with by a number of doctors, inclusive of the different schools, had run along the whole gamut of the drugs usually prescribed for asthma, and tried a great number of the patent nostrums advertised as cure-alls, the whole to no good service even as to temporary relief. As many other asthmatic sufferers do, she had come to the not unreasonable conclusion very often expressed, that medicine wouldn't do her case any good. The outlook ahead had no hope in it. Sitting down to cogitation over this case, with a knowledge of a large share of the drugs theretofore prescribed for its relief with entire failure, the conclusion was legitimate that there was little or no use going over again the same treatment; something new had to be thought of. More as a result of reasoning upon the case, and upon the vexed question of the pathology of asthma, than as a mere empirical happy thought, the hydrate of chloral presented itself as worth trial. Soliciting experiment, permission was accorded, and I gave the woman a four-ounce bottle of a solution of chloral, fifteen grains to the dose once in four hours till relief was obtained, and then three times in twenty-four hours till it was all taken. The effect at the first dose was very marked; inside of twenty-four hours there was entire subsidence of the distress, and after the quantity prescribed was taken as directed the patient expressed herself as feeling cured. What may seem still more remarkable is the fact that from thence on the woman has been so free from the attacks of her old enemy that she has not had to use any drugs to repel him.

If the apparent results following the use of chloral in this case had not been quite or nearly duplicated from the use of the drug in like cases since, there might possibly be room to wonder if the outcome with this woman was not more a mere coincidence than a relation of cause and effect. It is well known to old practitioners that it sometimes comes about with a long-suffering asthmatic that the trouble finally quite disappears or "wears out," independent of medication and unaccountably. People who have had asthma for years, now and again rather suddenly find themselves quit of it; *why*, it may be impossible to tell. If the sufferer has been dosing, the last thing dosed with, or the fortunate doctor last prescribing, gets the credit, not infrequently undeservedly. Many of our best bits of reputation are obtained in this way, and it is neither wise nor necessary to proclaim that fact abroad among one's patients. But the practitioner who does not like to be himself deceived needs often to consider the point as to whether or not in a given case his prescription has effected a cure, and whether or not recovery was due to what we call a natural termination of the disease, or a natural tendency in that direction. Between these it is not always easy to definitely determine. But it is absolutely certain that many persons feeling ill at night get up the next morning all right without having dosed at all; and at the next time of feeling ill in the same way, and taking something, come out right in the morning, attributing all the glory to the something taken. The supposed efficacy of the incomprehensible infinitesimal dosing of the homeopath has only this illusory foundation. Applying this reasonable logic to the case above related, the really remarkable apparent results following the use of the chloral might not unreasonably be called in question, and especially so if the results could not be fortified by other like experiences. Fortunately subsequent observations in similar cases have confirmed the impression deduced from the one related, to wit, that chloral is a potent remedy in the treatment asthmatic troubles.

Another case: C. C. B., male, now about thirty-four, has been an asthmatic from boyhood; has what we may call the asthmatic build—chest, neck, and general appearance; attacks frequently prolonged, very severe, and continued year after year. I had been often called to attend him in his worst attacks, usually procuring partial temporary

relief—mitigating the distress, but never being quite satisfied with the results obtained. Nauseating and emetic doses of lobelia, with sulphate of morphia, used to do better with this patient than any other remedies, and many were tried. Later he got a moderate measure of relief in his "bad spells" from smoking a patent compound of herbs. After the experience in the case first related I put this patient on fifteen-grain doses of chloral, and it operated so much more effectually in his case than any other medicine that he has since kept a solution (cork-sealed) on hand for use as soon as the attacks begin. The results in this case have not been so thoroughly satisfactory as in the case of Mrs. H. He has not been willing to push the drug, having some fears of acquiring the chloral habit, but he is comparatively fearless of his old foe; a few doses taken at the onset of an attack squelch the trouble. The individual who has had severe asthma for years, and failed to find any thing to stave off the intense suffering which it brings, can imagine something of the immense satisfaction that even a temporary triumph over it must be.

These two cases typify the excellent results since obtained in several others. Is then the chloral a specific in asthma? Not likely. I have not used it in a single case with failure. The effect in all cases has not been equally satisfactory, but it has every time done better than any other drug tried. The steady administration of the iodide of potassium will cure effectually some cases of asthma. I have now particularly in mind a case treated with the iodide twenty-five years ago—a woman who had been a terrible sufferer for two decades, and who after a six-months' use of that drug seemed entirely relieved of the affliction, and lived for ten or twelve years without an attack. But while the iodide cures *some* cases it fails in many more; and as a factor for relief in the severe suffering of the attacks it is not potent. As sometimes affording relief in the severe spells, the inhalation of ether or chloroform to a moderate degree, but short of insensibility, may be mentioned, either alone or combined with benzoic acid or balsam peru; also carbonate of ammonia in cases where there is organic disease of the heart; asafetida, in large doses, in hysterical cases, alone or with opium and camphor; belladonna or hyoscyamus, according to the complications; valerian, zinc, squill, blood-root, ipecac, lobelia, as nauseants and emetics; musk, in nervous varieties; nitrite

of amyl, inhaled, Indian hemp, etc., according to varying circumstances and conditions—all these, and other remedies, are useful at times; but, unless I have been deceived in my experience, the chloral is the most potent remedy to be had to abate or mitigate asthmatic attacks. It is quite safe in ordinary doses. It is speedy in its effects, readily handled, and can be repeated judiciously when needed. Also, unless I have been deluded in my observations of its use, it will effectually break up or cure a considerable number of asthma cases.

Now, something as to the philosophy of its effects upon the disease under consideration. This involves some inquiry into asthmatic pathology, about which there has been a deal of learned talk by the authorities. Asthma, as a disease by itself, not dependent on catarrhal or emphysematous trouble, is a reality generally admitted by most practitioners who encounter very many cases of it.

But Laennec undertook to destroy the individuality of asthma by advancing the theory that it was always dependent upon emphysema of the lungs or upon a catarrh. This idea was just as absurd as to assert that there could be no croup except there was behind it membranous inflammation and deposit, or, in other words, no croup of a nervous and spasmodic nature. He undertook to disabuse the profession of the idea that there was any such disease as asthma outside of catarrh and emphysema, and not altogether dependent upon one or both of them. His theory was adopted by many members of the profession, but has not altogether prevailed. In the therapeutics of the disease it has been necessary to keep in mind, in the majority of cases, the existence of a nervous or spasmodic factor, or else, if success was to be expected, to prescribe purely empirically. It is indeed true that most cases of asthma are accompanied with more or less catarrhal secretion, and so the trouble may be called catarrhal asthma; but it is more properly an asthmatical catarrh—the asthma is behind the catarrh rather than the catarrh behind the asthma. The bronchial secretion is rather the effect of the asthma than the asthma the effect of the bronchial secretion. There is something behind the latter to which the name “asthma” is applied, and which may and does exist without the addition of the secretion; there is a factor in advance of the catarrh; the asthmatic demonstration is the provocative of the catar-

ral secretion. The asthmatic factor may be in activity without emphysema of the lungs, though the two are often together. So, also, the triad, nervous asthma, catarrh, emphysema may co-exist in a given case, and do co-exist, but not in all cases. Keeping in mind the existence of the nervous factor, antispasmodic medicines are rationally indicated, and the frequent beneficial results following their use show the correctness of the theory of nervous relation. If the emphysematous or the catarrhal condition quite override the nervous factor in any given case, antispasmodics alone will be less potent. If the catarrhal condition largely predominates, a full depressing emetic, like antimony and ipecac, or lobelia, will often materially mitigate the spasms of the disease; if emphysema, opium and chloric ether do well. But whether one or the other condition dominates, the recognition of the nervous and spasmodic force in very nearly all cases of asthmatic disease rationally leads to the trial of the chloral hydrate as a drug notably potential in the control of varied neuroses, and so likely to be beneficial in attacks of asthma. From a consideration of the points I have herein endeavored to present I was led to the exhibition of the drug in the cases mentioned, and have continued it in other cases, and so far without disappointment.

ROCKY HILL, Conn., December, 1884.

ACUTE NEURITIS.

BY JAMES WEIR, M.D.

Acute neuritis is comparatively a rare disease. During the eleven years I have been connected with the practice of medicine, with all the opportunities afforded by hospital work both in New York and St. Louis, I have only met with four cases, three of these traumatic, one idiopathic. Acute neuritis rarely ends in complete cure. Mitchell goes so far as to intimate that there is never complete resolution. Jaccond says that it “terminates either by cessation of pain and return of normal functions of the nerve involved, or by supervention of permanent anesthesia or paralysis, or both.” In the following case there was complete resolution.

On October 29th, Richard M., a street-car driver, consulted me for what he termed erysipelas. He had consulted a physician before coming to me, who had pronounced

his double erysipelas. On removing the bandage in which his hand and forearm were swathed, I found the following condition of things: Commencing at a line drawn from the metacarpo-phalangeal joint of the second finger to the wrist, and embracing the area between this line and the outer aspect of the thumb, was a well-defined swelling with marked anesthesia. The thumb, first finger, and second finger were partially flexed and completely paralyzed. Commencing at the wrist and extending up the arm, three and one half inches in the interosseous space, was an oblong tumor about the size and shape of a small (*Wiener wurst*) sausage. On pressure a hard, cord-like substance could be felt extending through the entire long axis of the tumor. Pressure on this cord greatly augmented the agonizing pain which he was suffering. The skin was distinctly red over the entire swelling. I at once diagnosed the case acute neuritis. I was bothered at first to locate the nerve. The radial nerve turns outward beneath the supinator longus to reach the back of the radius, about three inches above the wrist. The swelling commenced at the wrist and extended up for three and one half inches. I am certain it was not the ulnar; the location of the tumor and the area of paralysis and anesthesia precludes this possibility. It was either the radial located abnormally or one of its branches enormously enlarged by the phenomena of inflammation. This could readily be, for in neuritis both neurilemma and nerve elements are involved. A surface thermometer showed an increase of temperature over the part affected of fully half a degree. Temperature in axilla (side not affected) 101° F. Temperature over tumor, 101.5° . On questioning him closely, I found that two days before, while driving his team, he had his arm slightly wrenched or twisted by one of his mules falling and thereby jerking his arm, around the wrist of which he had wound his lines. He did not ascribe his trouble to this injury. I think, however, this was the cause.

I had always heretofore seen neuritis treated by cold applications. I resolved to depart from the old line and try iodoform. I had seen such excellent results come from the application of iodoform in orchitis and kindred inflammations, that I felt certain it would do good in this case. The result exceeded my greatest expectation. I ordered iodoform, \mathfrak{zss} , ether sulph., \mathfrak{zj} , to be painted over the part every three hours; quin. sulph., grs. iiij , to be taken every two hours.

He came to see me on the following morning and told me that his arm had ceased to pain him after the first application. I found the swelling diminished, and a slight return of sensibility and contractility to the parts affected. I saw him six days after on his car. He claimed to be entirely well; no numbness, no anesthesia, and no paralysis. The only case of acute idiopathic neuritis I ever saw occurred in the service of Dr. Hodgen, of St. Louis, now dead. The nerve was a branch of the auriculo-temporal and the patient was treated with quinine and cold applications.

LOUISVILLE, 548 First Street.

Miscellany.

AMBIGUITY IN PRESCRIPTION-WRITING.—The Weekly Drug News, of January 3, 1885, quotes from the ninth annual report of the Committee on the Metric System of the Boston Society of Civil Engineers the following loosely-constructed prescription:

	Grams.
R Quin. sulphat., . . . gr. xvi,	1.
Strych. sulphat., . . . gr. ss,	.03
Acid. hydrochlor. dil., \mathfrak{m} lxxx,	5.
Tr. zingiberis, \mathfrak{z} ij,	7.50
Tr. card. co., \mathfrak{z} iiss,	9.50
Syrupi, \mathfrak{z} ij,	80.
Aquam, ad \mathfrak{z} iv,	40.
M. Sig: Dose, a tablespoonful.	

The editor's comments are suggestive, and merit the careful perusal of prescription-writers:

The comparative simplicity and advantages of the metric system are nicely brought out by the committee. The portion of the circular reproduced, however, is additional evidence that "it is human to err," and that ambiguity is something very difficult to keep removed from prescriptions. In the last two lines of the formula, through miscalculation, or, more likely, typographical errors, \mathfrak{z} ij is given as equaling eighty grams, instead of sixty, which would be roughly an approximate equivalent, and, on the next line, forty should read one hundred and twenty, which latter amount is about " \mathfrak{z} iv." The principal defect we wish to notice is one which occurs far too commonly in prescriptions. "Aquam ad \mathfrak{z} iv," occurring after "R," is either bad Latin for aquæ ad \mathfrak{z} iv (take of water enough to make four ounces), or the "ad" is intended as an abbreviation of "adde," and should be

written as such, "ad.," or, better, the entire word used, the idea being to add water four ounces. Now, in a prescription containing, as this does, strychnine sulphate, it may be a matter of life or death whether that little "ad" is properly written and means "to," or improperly written as an abbreviation for "adde"—a word which we think should never be abbreviated. We think the change from the genitive to accusative case is wholly unnecessary, as "take sufficient of" (understood) would seem as properly to precede the former as "take two ounces of," and if the "ad" means "adde" it would seem as proper to read "add four ounces of water," as to place the water in the objective case and read "add water four ounces." The ambiguity is particularly noticeable in printing, as "ad" meaning "to" when followed by leaders, is made to appear as an abbreviation for adde, thus, ad. . . It will be seen that if the "ad" means "to," as it does when not followed by a period, we should have one half grain of strychnine sulphate in four ounces of liquid, or one eighth grain to the ounce, whereas if it is intended as an abbreviation for "adde" the measure of the completed preparation would be about six and one half ounces, making each ounce represent about one twelfth grain of strychnine sulphate—a very marked decrease in the amount of strychnine for a dose—from one sixteenth grain to one twenty-fourth grain.

THE IDEAL PHYSICIAN.—Professor Gairdner thus describes him:

1. He must be careful and accurate, and at the same time a keen and quick observer of nature.

2. He must be able to connect his isolated observations of fact by rapid and at the same time trustworthy processes of reasoning.

3. He must, in dealing with emergencies, endeavor to have always what the Greeks (and Dr. John Brown after them) called *αγγύτητα*—nearness of the νοῦς, that is, presence of mind.

4. He must, as a surgeon or accoucheur, have much deftness of manipulation—manual dexterity, as we call it, or perhaps still better, ambi-dexterity.

5. He must treasure in his memory, and be constantly increasing from day to day, large stores of various reading in his own and other languages, in order that not only past observations, but also the vast field of

scientific progress in its relation to his art may be constantly before him, or at least freely accessible when wanted.

6. He must be able to write, at the very least, in his own language, with vigor, compactness, and lucidity.

7. He must have a soul above mere money-grubbing; must on no account degrade his profession into a trade; but must be, as far as is possible to human nature, the disinterested friend, the companion, the good genius, I had almost said of all his patients.

8. For this reason, if for no other, he must in every case have in him the distinctive essence of what is called a gentleman; and if his practice is or is ever to be among what are called the upper classes, he must be a gentleman, not only in principle but in detail; not necessarily what is vulgarly and falsely often styled a fine gentleman, but a gentleman in outward manner as much as in the inner spirit.

9. He must be a man endowed with a deep sense of moral responsibility, so as to beget confidence and unfailing trust in him on the part of his fellow men. Responsibility, therefore, to them in the first instance; but underlying that, and sustaining it as surely as the root and the stem sustain the flower—a deeper and more latent responsibility to Him who is the source of all good, and therefore of all moral principle and moral responsibility whatever.—*Medical and Surgical Reporter*.

VENESECTOMY IN THE CONVULSIONS OF PREGNANT AND PARTURIENT WOMEN.—Dr. Colvin read a paper on this subject before the New York Medical Association at its recent meeting. During a practice of thirty years he had resorted to venesection in all cases of confinement where convulsions were threatened. It has been more satisfactory than the use of chloroform, ether, or morphia. It had succeeded in one case in which chloroform had failed. In another case, twenty-five ounces of blood were withdrawn, and this was followed by marked improvement in the condition of the patient.

The lancet, he thought, was the sheet-anchor in puerperal convulsions. The indication for its use is a peculiar irregularity of the pulse. It should always be resorted to before the patient sinks into a comatose condition. He thought the following good rules to follow in all cases of confinement: (1) Examine the patient

at least two months before the expected confinement. (2) Test the urine from time to time. (3) If there is cephalalgia practice venesection. (4) Warn the patient against overloading the stomach so as to bring on indigestion. (5) Keep the bowels free. (6) When labor commences, if there is headache practice venesection, if it continues give morphia, one fourth grain, hypodermically.

TREATMENT OF INGROWING TOE-NAILS.—T. D. King (Medical and Surgical Reporter) says this is, properly speaking, an overgrowing of a fold of skin, and is caused by the pressure of the adjacent toe or an ill-fitting shoe. The treatment which he has seen carried out with success is as follows: Scrape a groove in the center of the nail from its free margin to its base; take an oblong piece of cotton and force the center of it under the nail on the affected side of the toe as far as the patient will bear it. Then pack one end under the lower margin of the nail, the other pressed down between the nail and the overgrowing flesh. Then with a muslin bandage one inch in width, starting on the healthy side, carry it up over the toe and down on the affected side under the toe next to it, then up over it and back over the affected toe, thus drawing the sound toe over so as to override it; then with a few turns fix it here. It should be loose at first, but gradually as one becomes used to it can be tightened. This should be changed every day for a few days, then not so often. The sound toe will eventually retain this position without a bandage, and by pressure prevent the skin from growing up over the nail.

A NEW USE FOR EUCALYPTUS TREES.—The patenting of a process for the manufacture of a preparation of a gum of the eucalyptus globulus, which has the effect of thoroughly removing the scales which form on steam-engine boilers and preventing rust and pitting, has created a largely increased demand for it both in this country and in Europe. The effect of this preparation in preventing the pitting and corrosion of boilers will, it is expected, extend the period of their usefulness one hundred or one hundred and fifty per cent, and at the same time effect a great saving in fuel, as scale is a non-conductor of heat. The company owning the patent, at Piedmont (Cal.), have also embarked in the distilla-

tion of essential oils of the eucalyptus globulus, which have heretofore been supplied by Australia, it being found that the oils can be produced at profit. With this object in view, the company propose to set out extensive forests of eucalyptus trees, in order to have at its command a sufficient supply of leaves, the portion of the tree consumed in the manufacture of the oils.—*Western Druggist.*

RICH FRUITS IN PRACTICE FROM CEREBRAL LOCALIZATION.—Our London correspondent gives, in our issue of last week, an account of a cerebral tumor removed by Mr. Rickman Goodlee, upon the wonderful diagnosis of Dr. J. Hughes Bennett. The symptoms which led him to locate the growth were slow progressive paralysis of the left hand, with paroxysmal twitchings of the left side of the face and left arm; later, also, twitching of the eyelids and legs without paralysis. The tumor was a gliomatous mass about the size of a walnut. It was removed from the upper part of the ascending frontal convolution. The British Medical Journal of December 6th reports that the case is progressing favorably since the operation done ten days before. The violent paroxysms of pain and the convulsive attacks have disappeared; the patient is intelligent and cheerful. The temperature and pulse are normal. This is a unique case and will be watched with much interest by the entire profession.

DR. BURNS, of Toronto, recently removed a calculus from the bladder of a youth, aged twenty-one, by the supra-pubic method. The stone weighed three and a half ounces, and its diameter was two and three quarter inches. The case unfortunately proved fatal within twenty-four hours. The nucleus of the calculus consisted of a piece of pitch.—*Philadelphia Medical News.*

THE SUCCESSFUL TREATMENT OF HAY FEVER.—Dr. Sajous, in a paper read before the American Laryngological Society (New York Medical Journal), sums up the pathology and treatment of hay fever as follows: Hay fever is an idiosyncrasy existing in certain individuals to become influenced by certain emanations or irritating substances. This is accompanied by a chronic hyperesthesia of that part of the nasal mucous membrane covering the inferior and middle turbinated bones, the middle meatus, the floor of the nose, and that part of the

septum below the olfactory membrane. Organic alterations of these parts annul the hyperesthesia. The galvanic cautery is the best means for accomplishing this end. It is painless and devoid of danger. It must be applied to the entire sensitive area to obtain the best results.

CYRUS N. NUTT, M. D.—We regret to announce the death of Dr. Cyrus N. Nutt, of New Albany, Ind. His disease was diabetes mellitus, and his death took place on the 23d of December. Dr. Nutt, though scarcely a middle-aged man, had achieved distinction in his profession. He had the confidence of the people and the high esteem of his medical brethren. At the time of his death Dr. Nutt was president of the Floyd County Medical Society, whose members at a special meeting gave testimony to their regard for the dead physician in a series of very appropriate resolutions. Dr. Nutt will be remembered by our readers as an occasional contributor to this journal. His writings were not voluminous, but such papers as he published were simple in diction, logical, practical in turn, and truthful to the scientific nicety of the term.

THE LATE T. S. BELL.—At a special meeting of the Medical Society of Louisville, December 30, 1884, the following resolutions in regard to the death of Dr. Theodore S. Bell were adopted:

WHEREAS, Professor Theodore S. Bell, M. D., a most learned and distinguished member of the medical profession, teacher, and practitioner for more than fifty years in Louisville, has paid the natural penalty of life,

Resolved, That the Medical Society of Louisville cherishes the most sacred and reverential memories of our deceased peer and colleague.

Resolved, That a tablet be suitably engraved and hung upon the walls of this hall to perpetuate his memory.

Resolved, That a copy of these resolutions be furnished the medical and secular press, and that one page of the minute book of this Society be devoted to this record.

DUDLEY S. REYNOLDS,
F. C. LEBER,
P. R. HENDERSON,
ED. VON DONHOFF,
J. C. MCGUIRE.

CHRONOLOGICAL HISTORY OF THE DISCOVERY OF DISEASE GERMS.—Dr. Andrew Smart, of Edinburgh, gives the following as the chronological order of discovery of disease germs:

(1) Rinderpest germ, Dr. Smart, Sep-

tember, 1865; (2) Relapsing-fever germ, Obermeier, 1868; (3) Anthrax germ, Koch, about 1874; (4) Vaccine germ (probably analogous to smallpox germs not yet discovered), Sanderson and Chanveau, 1869; (5) *Filaria sanguinis hominis*, Mansom, 1881; (6) Typhoid fever germ, Ebert, 1880; (7) Bacillus tuberculosis, Koch, recently; and (8) Cholera germ, Koch, recently.—*British Med. Journal*.

JUDICIAL decisions have been rendered in several different States to the effect that in cases where a physician or surgeon has recovered the amount of his bill by legal process no suit for malpractice can be sustained, inasmuch as the result of the first proceeding forms a legal recognition of the value of his services.—*North Carolina Med. Journal*, December, 1884.

OF cinchona bark exported from Ceylon, we note that no less than 11,491,947 lbs. were shipped during the past twelve months. Of this 9,130,826 lbs. were sent to England, 435,541 lbs. to Marseilles, 969,082 lbs. to Genoa, 863,529 lbs. to Venice, and only 6,946 lbs. to America.—*Pharmaceutical Record*.

It is announced that the last link in the chain of evidence with reference to the causative relationship of the comma bacillus to cholera has been supplied. Nicuti and Rietsch, of Marseilles, and also, later, Koch himself, having transmitted the disease by introducing cultures of the bacillus into the rectum.

THE New York Elevated Railroad has just paid a judgment of two hundred and fifty dollars for an injury to a man's eye from the fine steel filings caused by the use of brakes. An appeal to the higher court has affirmed the decision of the lower.

DR. C. C. GRAHAM, the centenarian, is seriously ill. His malady however is not necessarily fatal, and it is to be hoped that he may yet live to pile more years upon the century which marks his wonderful life.

THE friends of the late Dr. Mahomed have opened a subscription for his widow and children. At a meeting, held December 10th, \$3,000 were subscribed and a committee appointed to invite further subscriptions.

The Louisville Medical News.

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DR. JAMES KNAPP.

This well-known physician died at his home on Monday, the 5th instant. About one week before this date he was stricken with apoplexy, under which he sank to death.

Dr. Knapp was born in New York in 1821. He came to Kentucky in 1845. He graduated from the University of Louisville in 1852, and since that time has practiced his profession in Louisville.

Dr. Knapp was a man of commanding presence and great force of character. He was possessed of firm religious convictions, and gave freely of his time and talents to the furtherance of the Christian charities. As a physician he was learned, and signally successful in practice.

Dr. Knapp was a self-made man. Beginning life as a tradesman's apprentice, he rose through industry and a love of learning to affluence and scientific distinction. He was possessed in large degree of those gifts which characterize the savant, and found time in the intervals of professional work to attain a practical knowledge of several branches of natural science. He was for many years intimately associated with his

friend and teacher, the late Dr. L. P. Yandell, sr., in practical scientific work, and rendered this distinguished savant skillful assistance in bringing to light the geology of this section of country.

His collection of fossils is one of the finest in the West.

Dr. Knapp's manner of life was unostentatious and retiring; though humble in spirit, he was brave, strong, and inflexible in matters of duty or questions of right. From the retrospect of a well rounded life, and with the record of a faithful stewardship, he turns to his reward.

IS THE MYSTERY EXPLAINED?

A correspondent of the Boston Medical and Surgical Journal, January 1, 1885, in commenting upon the varied accomplishments and talents of the late Professor William Darling, states that, in addition to his being a great anatomist,

He was a profound mathematician, and remarkably well versed in the whole range of poetical literature, while he was himself a poet of no mean attainments. It is said that during his residence in London a twisted paper was once found in the cavity of a young girl's skull, among some specimens, which contained an anonymous poem of his of such extraordinary merit that a reward of fifty pounds was offered for the name of its author.

The celebrated "Lines to a Skeleton," beginning thus,

"Behold this ruin! 'T was a skull,
Once of ethereal spirit full—"

have a history which corresponds in some particulars to the above account; and if the prefatory remarks to the poem, as it appears in the Medical Rhymes compiled by Erichsen (Chambers & Co., 1884), do not contain an anachronism, Dr. Darling may have been its author.

Dr. Darling died on Christmas, 1884, at the advanced age of eighty-two years. The note referred to says that the "Lines to a Skeleton" were published sixty years ago by the London Chronicle. "Every effort, even to the offering of fifty guineas, was

vainly made to discover the author. All that ever transpired was that the poem, in a fair clerkly hand, was found near a skeleton of remarkable beauty of form and color in the museum of the Royal College of Surgeons, Lincoln's Inn, London."

It is not improbable that the tradition has accidentally touched Dr. Darling, but we hope, for the sake of his memory, that some person who may be in possession of the facts will clear the matter up. If Dr. Darling, at the age of twenty-two, composed this exquisite poem, he needed but to avow it, and give himself no further trouble on the score of fame. It will be read long after his and the scientific achievements of most of his contemporaries are forgotten; indeed, so long as the student shall continue to be possessed of a heart and a taste for the beautiful.

Bibliography.

A Hand-book of the Diseases of the Eye and their Treatment. By HENRY R. SWANZY, A.M., M.B., F.R.C.S.I., Surgeon to the National Eye and Ear Infirmary, Ophthalmic Surgeon to the Adelaide Hospital, Dublin, etc. With illustrations. New York: D. Appleton & Co. 1884.

In the preface the author says: "This hand-book is chiefly intended for students attending an ophthalmic hospital;" "that it is simply an aid, and can never take the place of clinical study." He takes it for granted that all who are about to study eye diseases, and require such a hand-book as this, have already received a fair knowledge of the anatomy and physiology of this organ.

Chapter first is devoted to a few remarks on elementary optics. He then takes up refraction, accommodation, and the use of the ophthalmoscope. These topics are well treated, and give the student a good practical idea of the different errors, their correction by glasses, and recognition with the ophthalmoscope or by retinoscopy. The latter method of detecting errors of refraction is popular with the English ophthalmologists, being much used by them. It seems to have found but little favor in this country, the general belief being that every one who has had sufficient training with the ophthalmoscope can with it detect

errors as quickly as can be done by retinoscopy.

The author gives some good practical suggestions for finding the meridians of greatest ametropia in astigmatism. The ophthalmologist who has a great number of cases of astigmatism to correct generally relies on Snellen's test letters. He can fit any case with them as readily and with quite as much precision as by any of the various astigmatic devices.

The author next takes up diseases of the conjunctiva, after this diseases of the lids. It seems to be rather an irregular arrangement. In the chapter upon diseases of the lids he describes various methods of operating for trichiasis and entropion. The operation most popular in this country is not mentioned. I refer to the von Burow operation as modified by Green.

He speaks of inflammation of the cornea as corneitis, discarding the old term keratitis. This is a step in the right direction. In speaking of deep ulcers of the cornea and their treatment, the author says: "Eserine has been much employed of late as aiding in reduction of the intra-ocular tension, and promoting the absorption of the hypopion; but I do not use it, believing that the tendency to iritis is increased by it." This is in opposition to the most popular treatment of the day. Eserine is now used in many cases where formerly paracentesis frequently repeated was considered the only way to prevent the threatened destruction of the eye by formation of pus, melting away of the cornea, and collapse of the eyeball from expulsion of its contents. He says "paracentesis through the floor of the ulcer is a proceeding always followed by improvement in the condition of the eye, and deserves a more routine application in these cases than at present accorded to it, the more so as the little operation is simple and dangerless." If eserine can control these cases it should certainly be preferred. No operation upon the eye is dangerless. Paracentesis may be followed by severe inflammation, and the disturbances of the intra-ocular circulation caused by the sudden diminution of the tension of the globe may lead to hemorrhages, detachment of the retina, or alterations in the nutrition of the lens leading to the formation of cataract. Prolapse of the iris may also occur, or the traumatism itself may produce iritis.

In iritis, corneitis, or indeed in any disease of the eye, we concur in the author's condemnation to the use of setons or blisters. They

cause great annoyance to the patient, and as a remedy have no effect whatever.

The author says that by sympathetic ophthalmia is meant a neuritis caused by an iridocyclitis of the other eye. He does not recognize a sympathetic neuritis or neuroretinitis. There can be no doubt that these occur. Even sympathetic conjunctivitis and corneitis have been stated to exist.

His rules as to enucleation after injuries are good, and will be found of great value in helping the surgeon to decide the question wisely when one of these most difficult cases presents itself.

The chapter on the motions of the pupil in health and disease is something new in a work of this kind. It will be found very interesting. One of the most difficult points for students to understand is the subject of ocular paralysis, and the position of the double images produced. These are quite plainly shown in the chapter devoted to the muscles of the eye and their derangements.

It must be said that Mr. Swanzy has made an excellent hand-book of practical ophthalmic science, and one which the student can depend on as being abreast with recent advancement in this department of medicine.

J. M. R.

The Theory and Practice of Medicine. By FREDERICK J. ROBERTS, M.D., B.Sc., F.R.C.P., Professor of Materia Medica and Therapeutics and of Clinical Medicine at University College, London, etc. With illustrations. Fifth American edition. Philadelphia: P. Blakiston, Son & Co. 1884. Price, cloth, \$5.00; full leather, \$6.00. For sale by John P. Morton & Co.

This work, formerly issued in two volumes, has by the aid of economy in spacing and margins been brought within the bounds of one fine volume of about ten hundred pages. The author, who is one of the most distinguished of English teachers and physicians, has taken great pains to make his work especially useful to the practitioner, at the same time developing his subject so systematically as to render the book fit to serve in every way the needs of the student. Its popularity as a textbook is therefore very great.

On perusal of the work the reader is impressed with two prominent features. One is the large learning of the author, and the other is his careful conservatism. He states fairly the opinions of others in regard to a given disease (especially as to treatment), but does not suffer his judgment to be

warped in the slightest by the reports of unusual results, even when supported by a powerful array of statistics. He bases his conclusions, therefore, only upon what in his own large experience has proved sound, and remands many of our most fascinating pathological and therapeutic novelties to the limbo of unproved hypotheses. But it must not be inferred from this statement that the author is, in any sense of the word, an old foggy, or that he is at all skeptical beyond the point of scientific necessity. He pays courteous respect to the pathogenic bacteria, for instance, and admits without protest all such as have had their claims to rank as factors in disease established. The bacillus tuberculosis, bacillus anthracis and the spirillum of relapsing fever are therefore welcomed to his pages; but the comma bacillus, with a large squad of schizomycetes which have been pushed forward by their discoverers as having specific claims to rank among the virulent or the vicious, are politely allowed to stand outside until such time as they shall be able to present credentials which are above scientific criticism.

The work is remarkably uniform, and worthy of the high praise which various reviewers have bestowed upon it.

If we were called upon to select certain parts which might merit special notice, we should name the chapters on epidemic diseases and eruptive fevers, his tabular scheme for the differential diagnosis of fevers, and the chapter devoted to diseases of the urinary organs.

The illustrations though not profuse are well selected, being in the main such as are of especial clinical significance. They are well executed, and must add materially to the worth of the book as a working manual.

Archives of Northern Medicine (*Nordiskt Medicinsko Arkiv*).

The most recent numbers of this excellent quarterly medical journal have just reached us. It is published in Stockholm, Sweden, and represents the best medical talent in the three Scandinavian kingdoms, Sweden, Norway, and Denmark. Finland, which formerly belonged to Sweden, also furnishes its quota of solid material.

Dr. Axel Key, Professor of Pathological Anatomy, is the able editor, and is assisted by professors in the universities of Helsingfors, Finland, in the University of Christi-

ania, Norway, in the University of Copenhagen, Denmark, in the universities of Upsala and of Lund, in Sweden, and also by the professors in the Medical Institute of Stockholm.

This journal, then, is the exponent of Scandinavian medicine, and the contributions in its pages are derived only from Scandinavian sources. The American medical public is not wholly unacquainted with the merits of the *Archive*, for during a series of years Prof. J. A. Ochterlony has furnished to various medical journals many interesting articles translated from it. The *Archive* is a publication of the highest merit, a credit to the Scandinavian realms, to Scandinavian medicine and to medical science. It is with unqualified pleasure that we place it on our list of exchanges, and promise to frequently lay before our patrons extracts from the admirable material with which it abounds.

A Practical Treatise on Fractures and Dislocations. By FRANK HASTINGS HAMILTON, A.B., A. M., M. D., LL. D., late Professor of Surgery in Bellevue Hospital Medical College, and Surgeon to Bellevue Hospital, New York, etc. Seventh edition, revised and improved. Illustrated with three hundred and seventy-nine woodcuts. Philadelphia: Henry C. Lea's Son & Co. 1884. For sale by John P. Morton & Co.

With its first appearance, in 1859, this work took rank among the classics in medical literature, and has ever since been quoted by surgeons the world over as an authority upon the topics of which it treats.

That the present edition should be considerably larger than the sixth was to be expected in view of the rapid strides forward which surgery has taken in these latter days. The surgeon, if one can be found who does not already know the work, will find it scientific, forcible, and scholarly in text, exhaustive in detail without becoming tedious, and ever marked by a spirit of wise conservatism.

Official Register of Physicians and Midwives (now in practice) to whom Certificates have been Issued by the State Board of Health of Illinois. 1877-1884. Springfield, Ill.: H. W. Rokker's Publishing House. 1884.

This book is an octavo of three hundred and twenty-four pages, and contains, beside the "Register," some important information relative to the registration laws and the regulation of the practice of medicine and midwifery in the State of Illinois. There are

5,885 registered physicians of all classes in the State, and about 800 or 900 midwives. The object of registering the physicians is to bar out the quacks. We suppose that the object of registering the midwives is to fence in the quacks, and by this means to keep track of them.

A Manual of Bandaging Adapted for Self-Instruction. By C. HENRI LEONARD, A. M., M. D., Professor of the Medical and Surgical Diseases of Women and Clinical Gynecology, Michigan College of Medicine, etc. With one hundred engravings. Second edition, revised and enlarged. Detroit, Mich.: The Illustrated Medical Journal Company. Price, \$1.50, postage paid. For sale by John P. Morton & Co., Louisville, Ky.

We are glad to see this familiar work revised, enlarged, and improved, through a second edition. It is, if we mistake not, the first manual ever devised for the use of students in this necessary department of surgery.

Dr. Leonard is felicitous in his text and happy in his illustrations, and the work will not fail to impart to him who seeks it aright all that a book can teach relative to this essentially demonstrative study.

A Text-book of Hygiene: a Comprehensive Treatise on the Principles and Practice of Preventive Medicine from an American Stand-point. By Geo. H. Rohé, M. D., Professor of Hygiene, College of Physicians and Surgeons, Baltimore; Member of the American Public Health Association; Corresponding Member of the New Orleans Academy of Sciences, etc. Baltimore: Thomas & Evans. 1885.

Correspondence.

PARIS LETTER.

[FROM OUR SPECIAL CORRESPONDENT.]

Editors Louisville Medical News:

Although I may be accused of always harping on the same string, the subject of cholera is so inexhaustible and of such vital importance that I consider it my duty to keep you informed of what may be said and done among the faculty of this country as regards this dire enemy. I have therefore resolved to lay before your readers a brief abstract of the history of the cholera epidemic in Paris (now that it is considered

completely extinguished), even at the risk of repeating what I have communicated in my previous letters.

At the last meeting of the Academy of Medicine, Dr. Dujardin-Beaumetz, in giving an account of the cholera epidemic, began by stating that it suddenly broke out on the fourth of November, at a time when the sanitary condition of Paris was as satisfactory as possible. On the next day the disease made its appearance almost simultaneously in different parts of the town, and distant one from the other. The epidemic went on increasing to the tenth of November, when it attained its maximum, there having been 110 deaths on that day. It then gradually decreased, and to the date of the above paper, that is, to the eighth inst., there has been scarcely one death per day. The total number of deaths during the epidemic amounted to 912—382 females and 530 males—which gives a proportion of 4.05 deaths to 10,000 inhabitants. In comparing this proportion with that of previous epidemics we find that in 1832 the mortality was 234.16 per 10,000 inhabitants; in 1849, 185.31; in 1854, 78; in 1873, 4.06.

These figures show a gradual diminution of the mortality from the disease. During the present or rather late epidemic the female sex appeared to have been less affected than the male, though this is not the general rule. For instance, in 1832 there were more females than males affected by the disease; the same was the case in 1873, but in 1854 it was the reverse.

During the late epidemic of Toulon there were 669 deaths from cholera, or a proportion of 138.43 per 10,000 inhabitants. At Marseilles the proportion was 49.4 per 10,000 inhabitants.

In Paris the districts the most populous and consequently the poorest were mostly affected. These are the 19th *arrondissement*, the 11th and the 12th.

It may be interesting to give here the deaths from cholera in New York in past epidemics, by way of comparison, which I have taken from a New York paper. According to Dr. John T. Nagle there were, in 1832, 3,513 deaths from cholera, at the rate of 15.64 in every 1,000 persons. In 1849 there were 5,071 deaths, or 11.24 per cent. In 1854 there were 2,507 people died, or 3.95 per cent. In 1866 the deaths were 1,137, an average of 1.28 per cent. The epidemic of 1866 was said to be of a virulent type, 583 persons who died having been attacked in the streets.

Dr. Dujardin-Beaumetz, in continuation of his report, stated that it was impossible to trace the origin of the recent epidemic, but it may be observed that its development was singularly facilitated by certain special conditions. First of all we find that the aged and debilitated subjects were the most ready victims to the disease. Then came the insanitary condition of the dwellings of the poor, and the contamination of the drinking-water; but, as this latter could not be satisfactorily proved, Dr. Dujardin-Beaumetz remarked that he would not incriminate the potable water of Paris, though it has been fully demonstrated that water is the principal vehicle of the cholera germs. It was moreover brought to notice that people addicted to drinking constituted a very large proportion of victims, which fact was also observed in previous epidemics. Dr. Beaumetz thought that, mild as the epidemic has been, its extension was prevented by the energetic salutary measures taken by the authorities; among these being the disinfection of the lodgings of those affected with cholera and every thing belonging to them. But this view of the case was not in accordance with that entertained by Professor Hardy, who thought that the administration (governing body), as it is here termed, did more harm than good by spreading terror among the inhabitants; as the measures adopted impressed the latter with the belief that cholera was contagious, which in his opinion it was not in the sense commonly supposed, and if the epidemic has not caused greater havoc it was owing to its mild character and to the improved condition of the town. Disinfectants he thought were a mere delusion, at least as they have been used, as they have no effect on the cholera germs which exist in the air as well as in water, and can not be brought under their influence except perhaps in the laboratory, where only a few of them can be directly attacked and destroyed, and this fact would point to the futility of quarantines and *cordons sanitaires*, which, however, may be of some service if intelligently employed. Professor Hardy also condemned the lay papers for having spread undue alarm, and thus keeping intending visitors aloof, much to the detriment of the commercial interests of the country.

The old wrangle as to the nature and origin of cholera followed, which divided the speakers into two distinct parties; the contagionists and non-contagionists, or, as they have been facetiously termed, microbophiles

and microbophobists. The feeling against the theory of the microbial origin of cholera is very strong, and was expressed by Prof. Peter, both at the Academy and the School of Medicine, in these terms: "It is a pure satisfaction of natural history to say, with the German School, that there exists a microbe *producer*; I say that there is a microbe *product*. The parasitic doctrines have engendered a microbiomania, which determined a terror which will be the opprobrium of the 19th century."

PARIS December, 12, 1884.

Translations.

VIRULENT OPHTHALMIA.*

Dr. Ch. Abadie, at a recent ophthalmological clinic, said:

It is distressing to think that at this time this formidable malady causes so much blindness, although we possess the infallible means of curing it, so I cease not to try and make plain to my students those features which permit it to be diagnosed and treated with success. In this case you will find an instructive history.

This man, aged thirty-five, terrace maker, was seized suddenly, about a month ago, with violent inflammation of the conjunctivæ, which soon obtained an extreme degree of intensity. He went to a clinic for eye diseases, where he was duly cared for, but after some days, not finding relief, he came to us.

On the day of his arrival his condition was as follows: In the left eye where the infection began the cornea was already half destroyed, and through the large opening thus made the iris jutted out voluminously. Ulceration had commenced in the right eye in two places—the lids were swollen and infiltrated, an almost fleshy chemosis being over the whole cornea, while the conjunctival surface was bathed in sanious pus. The situation was grave. The left eye was lost, and for the right, the process being like that of the left, it seemed but a question of time. I was curious to know, and asked what had been the treatment. The patient answered he had been treated from the beginning with carbolized solutions; no caustic had been used. At the end of four or five days, knowing his condition to be aggravated, he had sought advice elsewhere.

I applied to his eyes a three-per-cent

solution of nitrate of silver, and told him to return to have this measure repeated every twelve hours. Being poor, and living at a distance, he was able to come but once in every twenty-four hours. In consequence of this the ulceration in the right eye progressed and a small perforation with hernia of the iris was the result. The left eye was completely destroyed. The situation being so serious I sent the patient home for further treatment. He was cupped and the caustic solution applied every twelve hours.

Under this treatment a change for the better was soon evident. The ulceration of the right eye ceased to extend, entered into a state of repair, and in a few days the cure was complete. To-day there only remains a small piece of the iris inclosed, and some light leucomas at the site of the ulceration.

This man can see well enough with his right eye to take up his daily work; in the left the cornea is destroyed and sight is lost. The case is of great interest because of the following points: First, the failure of treatment by means of carbolized solutions. I am far from denying the value of antiseptic solutions of carbolic and boric acid in the benign forms of purulent ophthalmia, and in catarrhal conjunctivitis which is more or less intense. These simple means are useful in such cases, but as we see in this they are inadequate to the demands of a case of grave purulent ophthalmia.

In the second place we see in this patient that the caustic applied every twenty-four hours was competent to retard but not to arrest the morbid process. To arrest it the solution must be used every twelve hours. To-day it is certain that in grave purulent ophthalmia caustic solutions alone, if applied every twelve hours, are sufficient to arrest the disease and to prevent corneal complications. How happens it, then, that some practitioners even of high authority still use other means whose efficacy they doubt and whose bad results you have seen?

For a long time I have insisted upon and was the first, I believe, to make sure the signs which differentiate the grave from the benign forms of purulent ophthalmia. The abundance of suppuration does not settle the question, but the inflammatory swelling of the lower lid furnishes the diagnostic point together with early corneal ulcerations, which never occur except in grave cases. It is possible for an experienced clinician to recognize a grave ophthalmia and act accordingly; but errors are made on both sides, benign being mistaken for grave

*Translated for the Louisville Medical News from the *Progres Medicale*, December 6th, by W. M. Holladay, B.A.

and cured by simple means, and this is the reason why agreement has not been reached as to the value of different forms of treatment. To-day I hope all these difficulties will disappear, owing to a new diagnostic means which will become infallible in its time and will force its reception on all. I mean microscopic examination and the search for the microbe of the specific purulent ophthalmia, that is the virulent, which is always a malady of infectious origin due to the presence of a specific micrococcus whose special ground of culture is the human conjunctiva. This microbe exists constantly in this form of purulent ophthalmia, which henceforth merits the name of virulent, and does not exist in the benign form of catarrhal conjunctivitis.

Practice and therapeutics will draw great profit from this discovery. It is not long since it was maintained that rheumatism could produce purulent ophthalmia. It can not be denied that rheumatism may provoke a spreading conjunctivitis with muco-purulent secretion. But I contend that it is not the grave purulent ophthalmia, or more correctly, virulent, which is always a local disease, and against which general treatment is of no avail. The microscope brings decisive proof to the support of this proposition, and it is sufficient for diagnostic purposes to examine microscopically the muco-purulent secretion in any case to see whether or not it contains microbes. My method of procedure is very simple: Place a drop of the pus between two cover glasses; press them together; dry it in the flame of a lamp; then place it for two or three minutes in an aqueous solution of methylene blue; then wash with alcohol and mount it in Canada balsam. Under the microscope a specimen thus prepared will show among the pus-cells the micrococci, which appear as little grains of a deep-blue color. Examine these two specimens prepared by my chief of clinic, Mr. Davier. One contains pus drawn from a grave purulent ophthalmia, the other from a catarrhal ophthalmia. In the first you will find micrococci, in the other they are absent.

Thanks to this diagnostic means, there will henceforth be no doubt as to the nature of a muco-purulent conjunctivitis occurring in the course of a rheumatism. In a drop of pus from such a case the characteristic microbe will not be found, and the nature of the malady may be readily made out. By this you will see that rheumatic ophthalmia is no longer regarded as

a malady of specific character, but simply as an inflammation of the order of a common conjunctivitis. Even at the beginning of purulent ophthalmia, when there is doubt this proof will be decisive and the treatment may then be indicated with certainty, if it be a question of virulent ophthalmia caustic application must be made. Every twelve hours a solution of nitrate of silver, two to three per cent, must be put into the eye. On the contrary, micrococci being absent, we are to be contented with more dilute solutions used less frequently, or even a simple wash of carbolic acid, or a saturated solution of boric acid. In view of the good that has come to us through this line of investigation, it is to be regretted that not a few men of eminence still use the weighty influence of their chairs against the study of bacteriology, and maintain in the face of the clearest evidence that it is of no avail in medicine.

Selections.

POST-TYPHOID ELEVATION OF TEMPERATURE.—J. M. DaCosta, M.D., in the Philadelphia Medical Times, December 27, 1884, says:

It has happened to me to see, both in this hospital and in private practice, a number of patients who, after passing through the course of the disease, still retained a fever-temperature; or if, as is much more usual, the temperature had for a time resumed its normal status, it went up again, without a redevelopment of diarrhea, the appearance of rose-spots, or the return of cerebral symptoms. I have seen it shoot up as high even as 105° , and almost as quickly go down again to the normal, or even below. It was only yesterday that I met a physician, in large practice in this city, in a case of a boy convalescent from typhoid fever, in which the temperature on two occasions went up to 105° , without there being any signs of relapse of the disease, and on both occasions there were no other manifestations of systemic disturbance, and the temperature soon went back again to normal.

In the case I show you this morning something of the kind happened. His history is a long one, of which I need only give you the outline. His name is Thomas T., twenty years of age, born in Ireland. He was admitted September 22, 1884, after five days'

sickness with typhoid fever. He has been here for nearly three months. The temperature, with the usual fluctuations, returned to the normal at the end of four weeks; during this period he went through the regular course of a typhoid fever of rather more than usual severity. After he had passed the height of the disease his recovery was delayed by an attack of milk-leg. When this had subsided and his temperature had become normal, and had so continued for several days, he had a sudden rise of temperature to 104° one afternoon (November 3d), but there were no other symptoms of disorder, and on the next day the temperature was 100° , and afterward gradually subsided to normal. I find that the temperature again rose on the 20th of November to 101.5° ; subsequently it remained steadily high for nearly a week.

There is a class of cases, of which I have seen a number in former years of service in this hospital, in which there is a sustained fever-temperature after all the other signs of the disease have passed away and the patient is convalescent. In this class of patients I have seen the temperature fall from 100° to normal as soon as they were permitted to get out of bed. The temperature would apparently remain elevated indefinitely, without any other sign of disease, as long as they were kept in bed. This has taught me that in some cases, if you want to get them well, you must get them out of bed: too much coddling does harm. The sustained abnormal temperature makes the physician, nurse, and patient afraid, though all the other appearances are favorable. When the patient is allowed to sit up, gradually extending the time, the temperature falls.

There is another class to which I wish to direct your attention. Of course it is understood that elevation of temperature frequently occurs from indiscretion in diet. These instances I need not refer to further. I merely mention them to complete the series. In this man the first elevation I referred to was caused by reading a book, and that in the boy had a similar cause. The boy was of very impressionable nature, and, when a schoolmate called upon him and insisted upon seeing him after his attack of typhoid fever, he became very much excited after his friend had gone away, and cried for some time. That evening his temperature went up to 105° . Mental emotion, then, may be a cause of high temperature during convalescence from typhoid fever.

This does not, however, completely cover the case before you. I took the patient out of bed, forbade any excitement or mental effort, but the temperature continued high, although he had no diarrhea or other symptom of disease. Examining the case repeatedly, I could find nothing but constipation that was amiss. Upon looking carefully for a cause why the temperature remained elevated, it occurred to me that it might be due to constipation, the fever-temperature being caused by irritation of hard masses of retained fecal matter in the intestine. I ordered this man a daily enema and one drop of fluid extract of belladonna three times a day. This I had found in previous cases effective in correcting a tendency to constipation after typhoid, where irritating purgatives would be dangerous. Now here the effect was very soon apparent. I have to report that the temperature fell to normal as soon as the intestines were freely evacuated, and has remained so. He now has a daily movement of the bowels, feels well, though still weak; his temperature is 98.5° . He is no longer confined to his bed.

THE USE OF COCAINE IN DYSPHAGIA.—The following striking example of the successful use of cocaine in overcoming painful deglutition was related by Dr. Jelinek in a paper read before the Vienna Society of Physicians, which has been published in full in the *Wiener Medicinische Wochenschrift* (No. 46), and a *resume* of which appears in our report of the Society's meeting in another column. The patient, a male aged forty-five, was suffering from tubercle. There was extensive swelling, and brawny infiltration of the epiglottis, but only moderate dullness and slight crepitation were discoverable at the apex of the right lung. He had been treated as an out-patient in the clinic of laryngology for three months, and iodoform and morphia had been daily blown into his larynx and he had constantly taken ice. In spite of this treatment he affirmed that for close upon two months he had only been able to swallow milk in the minutest quantities. He was extremely wasted, incapable of work, scarcely able even to walk, and tortured by continuous pain and thirst. Before applying the cocaine solution Dr. Jelinek made him drink some water. He had hardly swallowed a drop before he started up in the greatest pain, while the water returned through his mouth and nose. Dr. Jelinek then carefully painted the lingual and part of the laryngeal surface of the

epiglottis, and the valliculæ, with a ten-per-cent solution of cocaine, and a minute afterward told the patient to drink again. The man anxiously took a small mouthful, for a moment looked around in astonishment, and then, to the surprise of all, greedily swallowed the whole glassful at a single draught. Tears of gratitude filled his eyes, and he could scarcely find words to express his thanks. The next day he related that on reaching home, an hour after the application, he had, to the astonishment of his wife, made an excellent meal (the first he had had for two months) without any difficulty, but that soon after the pain reappeared, and three hours after the painting was as bad as ever.—*Medical Times and Gazette*.

OYSTERS FOR DYSPEPSIA.—It is not generally understood, as it should be, that oysters have medicinal qualities of a high order (Ind. Pharm.); they are not only nutritious, but wholesome, especially in cases of indigestion. "It is said there is no other alimentary substance, not even excepting bread, that does not produce indigestion under certain circumstances; but oysters, never." Oyster juice promotes digestion. By taking oysters daily, indigestion supposed to be almost incurable has been cured; in fact, they are to be regarded as one of the most healthy articles of food known to man. Invalids who have found all other kinds of food to disagree with them frequently discover in the oyster the required aliment. Raw oysters are highly recommended for hoarseness. Many of the leading vocalists use them regularly before concerts and operas; but their strongest recommendation is the remarkably wholesome influence exerted upon the digestive organs.—*Weekly Drug News*.

THE TREATMENT OF PHIMOSIS BY DILATATION *a Tergo*, AND ITS DANGERS.—Mr. Tannahill suggests that, for the cure of phimosis, "the orifice of the foreskin should, during micturition, be compressed with the finger and thumb until the urine exert pressure sufficient to cause pain by stretching the membranes," and apparently advocates the repetition of the process for weeks. The treatment seems to have been effectual; but one can not help reflecting that the hydraulic pressure which is exerted upon the prepuce is exerted also, to the very same amount per square inch, upon the urethra and the walls of the bladder, and possibly

through the whole urinary tract, although, as a rule, contraction of the bladder closes the ureters, and thus prevents damage to the kidneys. That obstruction in the urethra from stricture, and even spasm, will cause mortal injury in some instances is set very clearly before us in Mr. Reginald Harrison's admirable clinical lectures (third lecture). That the greater resistance to the outflow of the urine in the male, from obstructions, natural and unnatural, may have a considerable effect upon the comparative death-rate, is suggested by the fact that, in England and Wales during 1880, although only one hundred and seven males to one hundred females died from all causes, no fewer than six thousand eight hundred and sixty-six males, against three thousand eight hundred and ninety five females, were registered as dying from diseases of urinary organs to every million persons living. It is well to be on our guard, lest we inadvertently augment to the number.—*D. Biddle, M.R.C.S. Eng., in the British Med. Journal*.

ELIMINATION OF ARSENIC FROM ZINC.—M. L'Hote states that arsenic can be rapidly eliminated from zinc by introducing into the molten metal one to one and a half per cent of magnesium chloride and agitating. The arsenic passes off with the white fumes of the magnesium salt. The melted zinc is then poured into cold water, when granules are obtained completely free from arsenic and which readily yield to ten per cent sulphuric acid.—*Journal of Pharmacy*.

VERATRINE IN THE TREATMENT OF DEAFNESS OF LABYRINTHINE ORIGIN.—The following formula, suggested by Gruber, is published in the *Union Medicale* (Maryland Medical Journal) :

R Veratrine,	0.10 gram ;
Iodine,	0.025 gram ;
Iodide of potassium,	1.00 gram ;
Simple cerate,	10.00 grams.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes in the Stations and Duties of Medical Officers serving in the Medical Department of the United States Army, December 28, 1884, to January 3, 1885.

Girard, A. C., Captain and Assistant Surgeon, ordered from Department Missouri to Department East. (S. O. 304, A. G. O., December 29, 1884.)
Ewing, Charles B., First Lieutenant and Assistant Surgeon (Fort Stanton, New Mexico), granted leave of absence for two months. (S. O. 304, A. G. O., December 29, 1884.)

THE
LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNĀ."

SATURDAY, JANUARY 17, 1885.

Original.

A CASE OF SUCCESSFUL LAPAROTOMY.

BY FRANK S. TRIPP, M. D.

I desire to report the following case, that I may add my mite to the statistics of abdominal section, and show, also, the necessity for early operation in cases of intestinal obstruction where the diagnosis is clearly established:

Mrs. J. S., colored, aged fifty-seven, multipara, weighs two hundred and eighty pounds, says she still menstruates. Several years ago, while at work, she was attacked with a sharp colicky pain, referred to the umbilicus. Coincidentally, in the same situation, a "small knot," very tender on pressure, made its appearance. This attack lasted several days, disappearing after a movement of the bowels, which were generally constipated. Since that time she has had similar attacks, usually semi-monthly, but invariably appearing at the menstrual epoch. The pain, tumor, and duration of these paroxysms were identical with the first one, varying only in intensity, but always yielding to purgation.

I was called to see her on the night of November 1st, and found her suffering with severe intermittent colicky pains, localized at the umbilicus. The abdomen was much distended and tympanitic. A tumor, the size of the clenched fist, or larger, was seen beneath the abdominal wall in the region of the navel, above which it extended slightly. It was tympanitic and exquisitely tender, so much so that satisfactory palpation could not be practiced. The attack came on suddenly and during her monthly flow, which had been so profuse for several days that she asked for something to check it. Bowels had not moved for two days; pulse rapid and weak. Ordered sulphate of morphia, one fourth grain every two hours until easy,

turpentine stupes, and a purgative in the morning.

November 2d, A.M. Pain had subsided somewhat, but the tumor was still very tender on pressure, and tympanitic. I found it localized distinctly in the umbilical region. Although the purge had been taken the bowels had not moved. Repeated the cathartic and continued the other treatment. P.M. Condition unchanged. Vomited cathartic, which was repeated. No change in treatment.

November 3d, A.M. Vomited purgative, and several times subsequently. Has retained no nourishment since November 1st. Condition of the tumor unchanged. Three distinct and very tender coils of distended intestine apparent on inspection, the umbilicus seeming to lie in a sulcus nearly two inches in depth. No tenderness on pressure at any other point in the abdomen, which is yet moderately tympanitic. Still obstinate constipation; kidneys secreting fairly; treatment continued, increasing the morphine now used hypodermically, and ordering enemas of warm soap-suds, castor and turpentine oils, repeated every few hours. P.M. No change. Enemas brought away no fecal matter, and bowels had not moved. Considerable dyspnea from abdominal distension, which latter is all above the umbilicus. Can retain nothing on her stomach, and vomits constantly, after emesis complaining of a fecal taste. A fecal odor is also very perceptible from the skin. Hiccough very troublesome. Proposed operation, which was refused. Treatment continued.

November 4th, A.M. I had Dr. William Pennebaker in consultation, and from this time until the case was discharged he kindly aided me with his counsel and assistance. To this fact I feel that much of my success in the important after-treatment of the case is due. Found her resting easily under the morphine, tumor soft, slightly compressible, and the tenderness diminished to a great

extent. Some gurgling on manipulation, but the protrusion could not be reduced, the coils of distended intestine being appreciable to the eye. Still obstinate constipation, vomiting, hiccough, and some dyspnea from abdominal distension. The fecal taste and like odor from the skin still persists. No change in treatment.

November 5th, P.M. Was reported better this morning; I was sent for in the evening about three o'clock. Her previous condition had returned before noon, and her suffering was greater than before. Tumor exquisitely tender, with some redness of the overlying skin. Great abdominal distension and urgent dyspnea. Stercoraceous vomiting incessant and in large quantities. Enemas had brought a few scybalous masses, but no passage through the bowels had occurred. Expression is anxious, but the circulation is good considering the condition of the patient. She consenting to the operation, which was agreed to by Dr. Pennebaker, a hypodermic injection of morphia was given, and she was placed under the influence of chloroform by Dr. Frank Pennebaker. Assisted by Dr. William Pennebaker, I made the operation as follows:

A median incision was made five inches in length over the tumor, curving to the left of the umbilicus and one inch below it. The adipose deposit in the abdominal walls was over one and a half inches in thickness, and almost bloodless. The sub-peritoneal cellular tissue and the peritoneum were found much thickened and congested, great difficulty being experienced in recognizing the serous membrane. This membrane was divided on the director to the extent of two inches, exposing an adherent and much congested mass of omentum, which was freed by breaking loose many frequent adhesions; and then a mass the size of the palm of the hand was double ligated in three places, divided between the ligatures and removed, it being found impossible to work around the mass without opening the cavity to a greater extent than seemed prudent. On the removal of the omental tissue, at the bottom of the wound was exposed a strangulated knuckle of intestine, intensely congested and distended, but still retaining the glistening appearance which would indicate that fatal strangulation had not occurred. The knuckle was as large as a good sized hen's egg, and at its base could be felt the margins of a very tight stricture. A probe pointed curved bistoury was guided on the finger to the constriction, the knife slipped

through, and it divided in a direction downward for about one eighth of an inch. The bowel was then easily reduced, the ligatures around the omental stumps cut short, and the wound closed by three deep and a number of superficial silk sutures throughout its whole extent, though from the appearance of the tissues, it was possible that drainage might be required later.

The wound was dressed dry with iodoform. The operation lasted fifty-eight minutes, the patient coming from under the effects of the chloroform in good condition with a full pulse of 100. Stercoraceous vomiting recurred once after she had regained consciousness. I gave morphine under the skin, and ordered small quantities of dilute alcohol frequently repeated.

November 6th, A.M. Pulse 84, temperature 98°. Rested well through the night, during which time bowels moved twice. Stools painless, large and fluid. There was no more vomiting. I pushed the morphine. P.M. Pulse 88, temperature 99°. Some distension of epigastrium, and abdomen slightly tender on pressure in the above region. Wound doing well. Bowels moved. Complains of intense thirst and a persistence of fecal taste. Morphine continued.

November 7th, A.M. Pulse 88, temperature 98°. Rested well. Some dyspnea, abdomen tympanitic and more tender on pressure, over the epigastrium especially. There was no tenderness around the wound, but considerable oozing from its lower angle, which we thought sufficient for drainage at the time. Kidneys acting freely. Bowels moved. Iodoform dressing was continued, and turpentine stupes were applied to epigastrium. She now required over two thirds of a grain of morphine to keep her under its influence, used under the skin, several times daily. P.M. Pulse 100, temperature 98.2°. Abdominal distension and dyspnea increased; bowels moved. Wound doing well and draining freely. We continued the iodoform dressing. The morphine was pushed to the border line of narcotism.

November 8th, A.M. Pulse 90, temperature 99.5°. We introduced a drainage-tube into lower angle of the wound, which discharges freely a sero-sanious fluid of offensive odor. Except at the point where the tube is inserted, the wound seems to be uniting by first intention throughout. P.M. Pulse 106, temperature 101.6°. Wound draining freely, the discharge being of greater consistency, and containing shreds of sloughy tissue. The tube was removed

and a carbolized solution injected before replacing it. Less tympanites and dyspnea. Pulse intermittent. Bowels moved, stools being more nearly normal. Treatment continued.

November 9th, A.M. Pulse 114, temperature 98°. The pulse is weaker and intermittent. Patient is drowsy and stupid, her pupils are dilated, her respirations being over twenty and shallow. She had had administered to her nearly a grain of morphine hypodermically on the night previous, the effects of which were apparent during the morning's visit before. The wound is draining freely an ichorous pus, the sloughy omental stumps presenting at the drainage opening, which is more patent. Only moderate tension on the sutures, save the middle deep one, which is cutting slightly. Thinking the general condition due to iodoform poisoning, we substituted a carbolized vaseline dressing. The wound is injected. Ordered dilute alcohol, which agrees better than brandy or whisky. Tympanites and dyspnea diminished, and morphine decreased slightly. P.M. Pulse 110, temperature 98°. Less drowsy; has great thirst. Wound doing well. Continued morphine.

November 13th. The central portion of wound firmly united, the upper and lower thirds gaping. Discharge profuse, and fetid sloughy omental tissue presenting. Supported the united portion with a strip of rubber adhesive plaster and ordered a flaxseed poultice. Since the last observation, November 9th, there has been no elevation of temperature or acceleration of the pulse, the latter yet being intermittent. Complains of a troublesome cough and some dyspnea. Respiratory sounds muffled and a few fine moist râles heard posteriorly. Decubitus changed to the side, fearing a hypostatic pneumonia. Says there is a bed-sore also; examination reveals tumefaction and tenderness over the sacrum, but no solution of continuity. Morphine stopped, and quinine tonic, spirits, and generous diet prescribed.

November 16th. Doing well. Poultice stopped on the appearance of healthy granulations and pus, the edges of the wound being brought in apposition and retained by strips of rubber adhesive plaster, save the lower angle which was left open for drainage. Union through central portion is firm. Still complains of tenderness over sacrum.

November 18th. Patient doing well until this evening when she was seized with a sharp pleuritic pain in the left side, and

cough. No percussion dullness, râles, or elevation of temperature. Bowels constipated. Ordered morphine, counter-irritation and cathartic. Wound doing well and fast filling up. Strapping.

November 27th. Wound united entirely. Less tenderness over the sacrum.

November 30th. Wound open slightly and superficially at the lower angle, with very little discharge. Patient left bed and attempted to walk without permission and the additional support we had anticipated.

December 6th. Patient has been sitting up for several days, but is not able to walk much. Wound open superficially at lower angle for about one fourth inch; no appreciable discharge. Bowels tend toward constipation. Advised the supporting of the abdominal walls by strapping and an abdominal bandage.

December 15th. Wound has been entirely closed for over a week. Discharged the case, well.

In considering the operation and its success, there appears to have existed several factors which would unfavorably influence the prognosis.

First, the patient, her corpulence, with such a deposit of adipose tissue in her abdominal walls as to be unpromising of union by first intention, and delaying the exclusion of the peritoneal cavity from the air. Also, the weight of these abdominal walls presented a tractive force against the sutures or recent cicatrix that is difficult to meet effectually even by thorough strapping and the bandage. Again, such a subject presents a strong tendency to incur a hypostatic pneumonia and destructive bed-sores from the necessity of the prolonged dorsal decubitus which such an operation necessitates. Both of these conditions were threatened, the danger from hypostatic pneumonia being a source of much anxiety for several days, until her condition warranted a change from the decubitus on the back, thus draining the congested lungs posteriorly of their passive accumulation of blood.

Next in importance for the country practitioner to consider, before making an abdominal section, are the surroundings of his patient, and the possibility of careful and attentive nursing. These were practically null, especially as regards nursing, thus imposing almost constant attendance on the part of the surgeon, which the vigilance and care of a trained nurse would have supplied. Besides good hygienic sur-

roundings is sought an atmosphere of mental quietude and hope. Here, after the operation, the moral atmosphere became turbulent, induced by nightly religious revivals held by the patient's black friends over her couch, and the offering of extreme unction and sympathy over an expected premature demise, thus substituting despair and disquiet for hope and quietude. Remonstrance was like unto throwing chaff before the wind. I am speaking of the difficulty in obtaining and retaining control of the surroundings away from private hospital influence and where gross superstition places the surgeon's knife and death on a parallel.

The antiseptic precautions taken were as complete as time and surroundings rendered possible. The appliances consisted of carbolized sponges and solutions for the instruments and hands. Chloroform was deemed preferable to ether, as being less liable to aggravate the vomiting and to prevent the struggling while inducing anesthesia, as the strangulated bowel was already jeopardized to an extent that warranted every precaution against rough usage.

The treatment of the omentum may be questioned, as after breaking loose the adhesions and finding it free from gangrenous inflammation, apparently only intensely congested, it might have seemed more wise to prolong the peritoneal incision, thus affording room to work around and leave the omentum intact. The incision appeared to give the patient the best chance, not compelling much more than an exploratory incision, until inspection revealed the necessity of a more extensive opening, and this was impossible with the omentum *in situ*. Immediately below the strangulated bowel presented, and had the cavity been opened to the extent necessary to save the omentum, this stage of the operation would in all probability have been rendered ten-fold more difficult in seeking for the strictured intestine amidst a slippery mass of intestines struggling for egress through the opened cavity. The stricture was very tight and of great resistance, its depth and apparent connection with the spinal column made it appear to be a hernia of the bowel under or through the mesenteric attachment. It did not seem prudent to explore the region to the extent required to find just where and what the stricture was.

The bowel not appearing fatally nipped or gangrenous, and the omental stumps and peritoneum not seeming to require an open

wound, the ligatures were cut short and the wound closed entirely. Should drainage be necessary, it was easy to secure it, and by leaving no opening for a tube the chances of diffuse peritonitis occurring seemed diminished. After plastic inflammation had covered the contiguous bowels and neighboring peritoneum with its exudation, isolating the cavity so formed from that of the peritoneum proper, an opening for drainage would involve no danger.

Dr. L. D. Waterman, in the New York Medical Journal of November 29th, calls the attention of the profession to "A Point on Ligatures," which I refer to while speaking of the sutures in this case. In the treatment of wounds requiring sutures he noticed that by taking one or more of the strands composing ordinary surgeon's silk, not rendered antiseptic, waxed, or otherwise treated, that no suppuration followed union, and only the knot was left *unabsorbed*. He suggests the possibility of surgeon's silk, which is "formed of animal tissue," meeting the requirements of the long-sought animal ligature.

Dr. W. M. Chamberlain, in the same journal, December 13th, confirms by experiment Dr. Waterman's observations.

The sutures in the case under consideration were of ordinary surgeon's silk, not made antiseptic nor waxed. Several of the superficial sutures were removed as soon as suppuration had set in along their track, but the rest were all left in position until long after this time, and to my surprise, on attempting their removal, all of each had disappeared save the knot and a very short portion dipping into the skin. It is the first time I have noticed the ligature's solution, and the report seemed pertinent here.

An interesting feature of the history was the appearance of iodoform poisoning, as we supposed. The semi-comatose condition, dilated pupils, state of the circulation, pulse 114, weak and intermittent, respirations more rapid and shallow than normal, clammy skin, certainly opposed opium narcosis, and the condition certainly disappeared on discontinuing the iodoform. When first seen no intermittence of the pulse was appreciable; this became marked only a day or two after using the iodoform, increased in frequency to the time the drug was discontinued, and gradually decreased after. While it would appear that the iodoform had this effect on the heart's action, it is a result I have failed to find recorded in such reported cases from poisoning due to this agent as I have seen. (It would, if due to

the iodoform, be the "false intermittence"* of Constantine Paul, and of toxic origin.) A rather exceptional occurrence in the case was the thermal curve. The temperature only once registered above the normal line, 101.6° F., and much of the time was subnormal. Observations were taken in the mouth and axilla. As the patient seemed so susceptible to the toxic effects of iodoform, it may have had an inhibitory effect on the temperature. The relation of the attacks she had experienced to her menses would be of interest, if such was the case, but the source of the information precludes any theorizing on the subject.

In concluding, I believe the chances for a favorable issue would have been better had the operation been made two days earlier, after purgatives, enemas, morphine, and reduction had been thoroughly tried and failed, before inflammation had advanced as far as the tissues gave evidence of, and before the bowel was nipped to the extent observed. It would also appear to me that the persistent use of the morphine after the operation, not pushed to the extent that some authors advise in the treatment of peritonitis, viz., to induce the most profound narcotism, bringing the respirations down to six or eight per minute, but exhibited in quantities sufficient to totally relieve pain, splint the bowels and allay restlessness, was the means of holding in check and preventing from becoming diffuse a fatal peritonitis. Of this tendency there was evidence, as considerable tympanites and tenderness on pressure over the epigastrium existed for several days, besides the local inflammation confined to the wound.

The use of the hot-water bath as well as the inverted position to effect reduction, it is needless to say, were impracticable, and after relaxing with chloroform reduction was tried before using the knife.

PLEASANT HILL, KY.

DANGEROUS CANDY.—In England, recently, several children were observed to exhibit all the symptoms of poisoning by morphia. Upon searching the children's pockets the source of their illness was made apparent. It seems that some boys stole a seven-pound packet of cough-lozenges, containing morphia, from a druggist of Chester, ate a large number of them, and distributed some among their school-companions. The children all recovered.—*Medical and Surgical Reporter*.

*See Louisville Medical News, Volume XVIII, page 378.

Miscellany.

A WAR ON QUACKS IN NEW JERSEY.—The Medical and Surgical Reporter calls attention to a dispatch from Trenton, dated January 6th, which says that physicians in the northern part of the State have been busy for several weeks past preparing a bill, to be presented to the next legislature, that will propose to lessen the growth of quackery and the licensing of unqualified physicians. The bill as drawn is said to be satisfactory to both schools of medicine. It is in nineteen sections, and provides for the appointment by the governor of a State board of examiners and licensers.

"It is proposed," said a prominent physician, this morning, "to subject every graduate or applicant for a diploma to a rigid examination, which will be based mainly on the fundamental principles of the profession. This plan will, we think, afford better protection to the community, and in time will do away with the bulk of quack practitioners."

The board to be appointed by the governor will consist of nine members, who must be graduates of a medical college, and with not less than five years' practice in medicine or surgery. Seven members are to be chosen from a list submitted by the State Medical Society, and the other two from a list submitted by the Homeopathic State Medical Society. Two sets of questions will be prepared, each set respectively by the regular and homeopathic societies, and the examination will be in anatomy, physiology, histology, pathology, principles and practice of medicine, general chemistry, surgery, and obstetrics.

PNEUMONITIS NOT AN "ITIS."—In a paper read before the Medical Society of London, and published in the British Medical Journal, Sir Andrew Clark reports a case of relapsing or intermittent pneumonia. The patient was an old man, and in the course of seven weeks had nine or ten distinct rigors and six successive attacks of pneumonic exudation. The case recalls the vexed question as to the nature of pneumonia, and he asks the following: In pneumonia is the local lesion the sole cause of the fever, or is pneumonia a fever with inflammatory consolidation of the lungs as one of its local manifestations? If pneumonia is primarily a fever, is it due to a poisoning or a parasite?

In examining a piece of hepatised lung,

three points attract attention. The solid exudation, its relation to the alveolus, and the condition of the alveolar cells. The study of the alveolar wall does not furnish conclusive evidence of the inflammatory nature of the disease. The walls are pale, blanched, and devoid of textural change. A croupous exudation, as occurs in pneumonia, can not be reckoned as a true inflammation. This can disappear in a short time leaving no results. From present facts it would seem that the consolidation in pneumonia is due to active congestion in tissues, in which the blood-vessels have no support, and by pressure readily give way before the inflammatory process can be carried to completion. The rapidity with which hepatisation occurs, the rarity with which it remains, and the rate at which it disappears are incompatible with the history of any recognized inflammation.

MORBID RELIGIOUS AFFECTION.—In a recent controversial article upon this topic the editor of the *Lancet* says: He is manifestly a philosopher who has so simply fixed his intellect on his own science as to have forgotten the existence of any other; and in this forgetfulness he is unable to perceive the difference between science and sentiment, fact and faith. We have not a word to say against any man's belief. Outside the known, there may be much that is knowable, as well as much that is unknown and unknowable, at present at least. We are *not* of those who dare to affirm a negative; to assert that, because science is unable to recognize any thing outside or behind organized matter, there is nothing more. The scientist, as a scientist, must needs be agnostic. He has no place or right to question the elements or subjects of faith. There is nothing in the strictest science that forbids or prevents the exercise of faith. By faith a man may enter within the vail and live another life. His intellectual position is simply and logically that of the mathematician who lays aside the rigid methods and inexorable laws of his science to indulge in the pleasures of the imagination, or the laborious historian who turns from his severe study of facts to romance and poetry. We will go further, and admit that the intellectual nature requires imagination, and romance, and poetry, for the perfect developments of its parts. What we had to say, and must repeat, is that very great confusion and much mischief results from treating the mind as if it were not what it

is—namely, brain-function, and that consequently the brain is reflexly influenced by particular descriptions of mental activity, and may be weakened and depraved by the cultivation of those ecstatic states which are supposed to be religious.

STRICT ANTISEPTIC SURGERY.—An interesting account as to how our German colleagues follow out the antiseptic treatment in operations and the dressing of wounds is found in the *Medical Press and Circular*: Before every operation the steam spray of corrosive sublimate is worked for some time to disinfect the atmosphere of the room. The floor of the operating-room is flooded with water, so that the assistants are compelled to wear rubber boots. During the operation a continuous stream of a solution of sublimate, 1-1000, is directed on the wound. In the dressing of the wound after the edges have been united, a layer of glass wool saturated with a ten-per-cent solution of sublimate is placed over it, over this small pillows of peat dipped in sublimate solution are placed, and over all this sublimated gauze. The dressings are never removed until the wound heals or some discharge shows through the dressings. The results gained by Schede, of Hamburg, in this manner are astonishing. Out of an immense number of operations performed in 1883, among which were nine cases of resection of the hip-joint, there were only two or three cases that showed any sign whatever of suppuration.

SWEATING TO DEATH.—Dr. Myrtle reports, in the *British Medical Journal*, November 1, 1884, the following remarkable case: The patient, a healthy, active man, after suffering for three weeks from pain of rheumatic character, relieved by sodium salicylate, was seized with profuse sweats, frequently of most offensive character, and lasting at times for ten hours. Atropine and ergotine both caused sudden symptoms of collapse. He improved for a time upon arsenic, and the perspiration lost its fetor. He died from exhaustion one hundred and twenty-one days after he had first felt the flying pains. No necropsy could be obtained. Dr. Myrtle regarded the case as one of paresis of nerves supplying the sweat ducts, caused by frequent exposure to cold during his employment. Dr. Braithwaite, Dr. Hutchinson, and Mr. Wheelhouse related cases of excessive sweating, which in one instance was relieved by the external

application of belladonna liniment, and in another by taking copper sulphate. Dr. Jacob thought the intermittency of the attacks precluded a peripheral paresis, and pointed rather to the sweat-centers being affected.

HOW TO MAKE "HOMEOPATHIC" MEDICINE.—The following "realistic recipe" is taken from Puck :

A grain of medicine you take
And drop it in Superior Lake ;
Mix it and stir it thoroughly,
Then of the mixture in the sea
Put just one drop and stir it well,
So neither taste nor touch nor smell
Of medicine within is found ;
Then take of sugar just a pound,
And medicate it with one drop
Of the aforesaid mingled slop.
Each day three times take half a grain,
Till you are dead or free from pain.

SPONTANEOUS DISLOCATION OF THE LENS.

At a meeting of the Midland Medical Society, November 19th (British Med. Journal), Mr. Priestley Smith exhibited an interesting case of a boy, eight years old, with spontaneous dislocation of the crystalline lens into the anterior chamber. The lens was perfectly transparent and retained a partial attachment to the suspensory ligament. The condition was no doubt congenital, as a similar condition existed in both eyes. The diagnosis was made from the presence of a bright golden reflex surrounding the margin of the lens. This reflex is always present, as was first pointed out by Knapp. It is a rare condition, and often difficult to diagnose.

TRICHINOSIS IN GERMANY.—An inspector of meat has been condemned at Halle to a year and a half's imprisonment in consequence of his careless inspection of some pork, in consequence of which ninety persons inhabiting the village of Strenz-Naundorff became affected with trichinosis, twelve of the number dying. He had reported the pork in question as free from trichinæ, while he had examined only six of the thirty specimens submitted to him, and these very carelessly, in that a subsequent examination proved that they were infected.—*Medical and Surgical Reporter*.

ERGOT IN THE TREATMENT OF CONSTIPATION.—Dr. Granzio reports two cases of constipation following the abuse of purgatives relieved by ergot. Three doses of ten grains each were given at intervals of two

hours, and were followed by a copious evacuation. A second stool occurred spontaneously the next day, and, after the administration of ergot in smaller doses for a few days, a definite cure was obtained. The constipation was due to atony of the muscular wall of the intestines.—*Practitioner*.

COMMA BACILLUS.—At a recent meeting of the Anatomical Society of Paris, M. Babés read a short paper (*Progrès Médical*) on the comma bacillus in cholera, based on observations made in M. Cornil's laboratory from material obtained during the recent epidemic. His observations, which relate to the morphology of the bacillus and its behavior in cultivation, are for the most part confirmatory of those of Koch. He did not succeed in finding the bacillus elsewhere than in the intestine.—*Medical and Surgical Reporter*.

INCONTINENCE OF URINE.—In a lecture on diseases of children, published in the Medical Press and Circular, Robert Lee, M.D., draws a distinct line between that form of incontinence of urine which occurs in the night and that which occurs in the daytime. He says Trousseau first pointed this out and showed that belladonna acted promptly when the incontinence occurred at night, but not so well when the trouble persisted through the day. In these cases there is a partial paralysis of the sphincter, and strychnine gives the best results.

A BILL has been prepared for presentation before the legislature of Pennsylvania, during the present winter, having for its object the establishment of a permanent commission to be known as the State Board of Medical Examiners and Licensers, which shall have the power to pass upon the qualifications of all physicians seeking to practice medicine and surgery in the State after September 1, 1886.—*Maryland Med. Journal*.

A FRENCH chemist is said to have obtained from the outer layers of birch-bark a black gum which possesses the ordinary properties of gutta-percha, and also the power to resist the injurious influence of the air and the corrosive action of acids.

DR. F. A. BURRELL has used in hemorrhoids with alleviation of pain an ointment made of coca leaves, heated lard, and an alkali. Cocaine is used for painless filling of teeth in New York.

A HAIRY VACCINATION.—M. P. Diday (*Lyon Medical*), describes the case of a healthy child, of eleven and a half months, who was vaccinated with animal vaccine furnished by the municipality of Lyons. The matter was introduced by two punctures on the anterior surface of the middle third of each thigh. The local inflammation was quite considerable, but the vesical developed regularly and ran its proper course. Sixty days later, however, a crown of hairs made its appearance about the cicatrix. From being delicate, downy, and nearly colorless at first, they soon took on length, color, and body. Four months later there was presented the curious spectacle of a still reddish cicatrix surrounded by a double and triple row of hairs of six to eight millimeters in length, the color of which, like the hairs of a red cow, stood out in bold contrast against the absolutely smooth skin of the child. The plate which carried the matter, being carefully examined, was found to contain three or four very small hairs visible to the naked eye.—*Journal of the American Medical Association*.

As a cheap prescription for chills, Dr. J. B. Johnson (Medical and Surgical Reporter) recommends the following:

Sulphate of cinchonidia, . . .	} aa grs. xx ;
Sulphate of cinchona, . . .	
Powd. purified chinoidine, . .	
Powdered aloes,	grs. x ;
Powdered sulphate of iron, (ferri sulph. exs.), . . .	} aa grs. xx ;
Powdered capsicum,	
Syrup,	q. s.

M. Divide into twenty-one pills. Sig: Dose, three pills every three hours.

These pills I have found to be not only efficacious in arresting the chills, but a most excellent tonic in giving tone to the general system after the chills have been arrested; and for this purpose I required my chill-patients to continue them for a month or six weeks to prevent a relapse.

THE Cincinnati branch of the Western Society for the Suppression of Vice last year seized and destroyed over nine hundred pounds of obscene books, and 165,900 pamphlets, circulars, and cards, 1,100 photographs, and 137 negatives.

DR. ALLEN reports, in the British Medical Journal, fifty cases of pulmonary affections in which cough was a distressing symptom. He employed subcutaneous injections of ergotin with signal relief in most instances.

DEATH FROM FRIGHT.—The Boston Medical and Surgical Journal says that on the 20th of December, in New York, a woman who had recently been confined died suddenly of fright, in consequence of a slight fire which occurred in the tenement where she lived.

THE New York Young Men's Christian Association in a recent debate decided that "physicians should be Christians." The Springfield Union agrees to the decision, but thinks it a mistake to draw the line at physicians: their patients should be included.—*Ibid*.

THE first essential in the intelligent use of the pessary, and for the avoidance of its abuse, is a correct diagnosis; and the second is an understanding of its action. Without these nothing but confusion, and probably injury, can follow.—*Bantock*.

DR. GEORGE H. ATKINSON, a prominent surgeon of Brooklyn, N. Y., died recently from blood-poisoning contracted while operating upon a patient who was suffering with syphilis.

BROMIDE OF AMMONIUM is recommended by Da Costa in the treatment of acute inflammatory rheumatism. It diminishes the tendency to heart complications.

A RUSSIAN has patented a new match. By preparing wood and impregnating it with a secret composition, it will ignite with slight friction, and can be used repeatedly.

PROFESSOR VIRCHOW, says the Maryland Medical Journal, has had a severe attack of gout cured by a course of Carlsbad water—and time.

THE Ohio State Sanitary Association will hold its second annual meeting at Columbus on the fifth and sixth of February.

PROFESSOR KOLBE, of Leipsic, author of *Lehrbuch der Organischen Chemie*, died at his home in the above named city on November 27, 1884.

THE Detroit Lancet says that in Paris all epidemics except scarlet fever have increased since 1865.

To tide over the crisis in typhoid pneumonia, Bartholow uses hypodermics of ether.

The Louisville Medical News.

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ANESTHETICS.

The case of ether *versus* chloroform has recently been made the subject of some able papers and a profitable discussion before the Medical Society of London, a full account of which, with a leading article to the point, may be found in the British Medical Journal of November 29th and December 6th. The English surgeons have hitherto been partial to chloroform; and being still under the spell of Sir James Simpson's influence, who for so many years ably advocated chloroform and used it in his practice with brilliant results, they have been loath to discard it for the far safer ether, first used in our own country, and for the lifetime of a generation the sole reliance of a large majority of our Eastern surgeons.

Commenting on the paper of the evening and its discussion, the editor says: "Twenty years ago chloroform was alone used for the production of anesthesia in Britain, and it then seemed little probable that aught else could cause it to be discarded." Then "it would have been impossible to find, in such a representative gathering as was witnessed in this meeting, not one single advocate

for the employment of chloroform in the large majority of cases in which anesthesia is required." But its rivals so strongly advocated by the profession in the great Western Continent have thrown chloroform into disfavor, and the day of its abandonment draws near.

A few years ago there were distinctly two sides to the question, and either side could have marshaled at will a multitude of able advocates. But the ever-increasing death record scored against chloroform and the abundant demonstration of the safety of ether, with an efficacy in practice through almost as wide a range of application as that of chloroform, have left the latter, in Britain at least, without a standard-bearer. Thoughtful men, who from the beginning have watched the controversy and kept note of the practical working of the two rival drugs, early foresaw that this result was inevitable.

In noting the discussion, it is interesting to see that our English friends do not, without some show of reluctance, abandon their old favorite. Some still hold to chloroform as an anesthetic in certain selected cases, while others are making the transition easy through the medium of the A. C. E. mixture. Many, however, now use ether alone or combined with nitrous oxide; while very many, if not all, are of the opinion that some special apparatus, called an inhaler, is a *sine qua non* to the safe and successful administration of any anesthetic.

The device which is in most common use over the sea, when ether is given, is the Clover inhaler. This apparatus allows no atmospheric air to enter the lungs after the first few inspirations, and the patient is thus not only anesthetized, but, by breathing over and over again the same air saturated with ether and carbonic acid, may at the same time be said to be suffocated also; and this, no doubt, is a potent factor in the deep coma which sometimes follows. The only point that can be made in favor of this method is the small amount of the anesthetic agent which through its employment is required. In the

administration of chloroform, however, our British friends are very careful to admit air in abundance, and the device used for this purpose is simply a towel, upon one corner of which is let fall the drug a few drops at a time. This is repeated every second or two; the anesthesia is prompt and respiration is untrammelled.

Our views as to the manner of death when caused by anesthetics have changed to some extent in recent years. It was formerly thought that chloroform killed through its action on the heart; now it is taught that it has power over both the heart and respiration, some English surgeons taking the state of the respiration as their sole guide in administering an anesthetic. We had heard it said that Sir Joseph Lister when giving an anesthetic always watched the respiration very carefully, claiming it to be the best indication of the patient's condition; and, during an attendance upon his clinic for a term of several months, at no time did we see him feel the patient's pulse, though he noted the respirations most constantly.

The French and German surgeons are very chary in administering any form of anesthetic. The ophthalmologists in Paris perform all operations on the eye, even to enucleation, without the kindly aid of anesthetics; at least this was true before the properties of cocaine in this respect were brought to light. When the continental surgeons use an anesthetic, not only is the state of the pulse attentively noted, but the chest is laid bare, and every respiration watched. If it falter in the least the inhaler is at once removed. In death from chloroform cases have been reported, in recent years, in which the heart ceased to beat before the breathing stopped.

It is claimed that ether, when fatal, is so through its effect upon respiration only, and we believe that in every fatal case so far reported from its use, death has been attributed to asphyxia from some fault or failure of the respiratory function. A certain per cent of the deaths were due to the

entrance of particles of food into the larynx. These cases evidently could have been saved by a timely tracheotomy, or better, if the very important precaution had been taken that the patient should take no food for from six to eight hours before the administration of the anesthetic. There is one danger which has not as yet received sufficient attention. It is the administration of ether to patients suffering with kidney disease. This point was duly emphasized a few years ago in a paper read by Dr. W. S. Little, of Philadelphia, before the American Ophthalmological Society, but the article seems to have attracted little attention. We remember to have seen in the Manhattan Eye and Ear Hospital, of New York, a case in which the administration of ether resulted fatally, either by engendering nephritic inflammation or aggravating a pre-existing Bright's disease.

If strict precautions are taken, viz., kidney disease excluded, the stomach kept empty, and the anesthetic properly administered, the danger from death under ether may be counted as practically nil, while deaths attributable to chloroform, no matter how skillfully or cautiously applied, have reached an appalling figure. Ether is best administered by means of a cloth folded in a simple cone. One made of paper at the time of administration will answer every purpose. The first effect is disagreeable to the patient; but this soon passes off, and after a few inspirations with due admixture of air the cone should be lightly pressed down upon the face, that all the air going into the lungs may thus be made to pass through the cone and become saturated with the vapor. After a few inspirations insensibility only is produced and many minor operations may be performed during this stage, such as tenotomy of the ocular muscles, cantholysis, the opening of a deep palmar abscess, or in fact any surgical manipulation which may be rapidly executed. This primary light anesthesia or insensibility is soon followed by the stage of deep intoxication, during which the effects of the drug

are more lasting and the anesthesia complete.

A review of the facts at present available seems to warrant the statement that ether is the safest and most efficient anesthetic so far discovered, and that in strictly surgical procedures, with few exceptions, it should be used to the exclusion of all other agents of its class. These exceptions are operations about the mouth or in the air-passages, where the excessive flow of saliva or hemorrhage might materially enhance the danger of suffocation, and in operations upon very young children.

As an anesthetic in labor, it is probable that chloroform will continue to hold its place, since it is pleasant to the patient, prompt to act, and need not be pushed to the point of profound anesthesia. Its dangers, therefore, in obstetric practice are trifling, and such deaths as have been reported from its use here must have been due to a reckless use of the drug. But even in obstetric practice, if it could be made agreeable to the patient, ether would serve a better purpose than chloroform, since its effects are comparatively fleeting. The return to consciousness being more prompt, it is probable that it would be less likely to delay labor (as is evidently done by chloroform in some cases) by paralyzing the centers of uterine contraction.

Whatever may be the individual prejudice in favor of chloroform, and the wonderful good luck by which some surgeons have been able to use it without stint for many years in a great practice and have no accidents or deaths to charge to its account, it is certain that it stands condemned upon sound testimony and must give place to its more benignant rivals.

The day is near at hand when its use will be restricted to a very few surgical procedures, and the surgeon who, employing it in general practice, shall lose thereby a life, will have to bear the unqualified censure of his colleagues, if he be not called to answer at court upon the charge of manslaughter.

Bibliography.

On Sclerosis of the Spinal Cord, including Locomotor Ataxy, Spastic Spinal Paralysis, and other Systemic Diseases of the Spinal Cord, etc. By JULIUS ALTHAUS, M.D., M.R.C.P., etc. New York: G. P. Putnam's Sons. 1885.

The greater part of this book is devoted to locomotor ataxia, the most common form of sclerosis. In a very complete way we find discussed its anatomy, etiology, and treatment. Perhaps the fullest and best chapter is that entitled, *Symptoms of Tabes Dorsalis*. It opens with a statement that the most essential phenomena of the early stage are, first, loss of the knee-jerk; second, lightning pains; third, reflectory rigidity of the pupils. This we must indorse heartily. It is a very common event for cases to be for months unrecognized, because the family physician was looking for the locomotor disturbance as the typical sign, and treating the pains for rheumatism. The name locomotor ataxy is partly responsible for this error, which it takes years to eliminate from the professional mind. It would be well to restore the old term tabes, which is at least free from the tendency to mislead the diagnostician. The pre-ataxic stage may last for years, is well marked in many cases, and it is this that ought to be most amenable to treatment. Another name that is obviously unsuitable for the disease, that Friedreich first drew attention to, is *hereditary ataxia*.

This malady is wholly distinct from locomotor ataxia, and it is not transmitted from parents to children. It is found in brothers and sisters, but has not been traced beyond the one generation. "Family ataxia" is better, but Althaus prefers *Friedreich's disease*, as not committing us to any pathological theory. It is characterized by ataxia at its very beginning, and therefore fairly entitled to that descriptive term.

While we do not find much that is new in Dr. Althaus' book, we can commend it as an admirable compendium of knowledge on its subject; the clinical accounts are an interesting and instructive feature.

J. W. H.

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Mo., October, 1884. By P. W. Logan, M. D., of Knoxville, Tenn.

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Home Again: A Synopsis of a Tour Abroad. By Edward Bork, A.M., M.D., of St. Louis, Mo., one of the delegates selected to represent the American Medical Association, U. S. A., Mississippi Valley Medical Society, Missouri State Medical Association, and St. Louis Medical Society, at the International Medical Congress, held at Copenhagen, Denmark, from August 10 to 16, 1884. St. Louis: Printed by J. H. Chambers & Co. 1884.

The Rôle of Bacteria in Infectious Diseases. By Henry O. Marcy, A.M., M.D., Boston, U. S. A., President of the Boston Gynecological Society, Member of the British Medical Association, etc. Read before the Academy of Medicine, Baltimore, October 28, 1884. Reprint from the Journal of the American Medical Association, November 22, 1884. Chicago: Review Printing Company.

Holden's Anatomy: A Manual of Dissection of the Human Body. By Luther Holden, late President of the Royal College of Surgeons of England; Consulting Surgeon to St. Bartholomew's and the Foundling Hospitals. Fifth edition, edited by John Langton, Surgeon to and Lecturer on Anatomy at St. Bartholomew's Hospital; Member of the Board of Examiners, Royal College of Surgeons of England. With over two hundred illustrations. Philadelphia: P. Blakiston, Son & Co., No. 1012 Walnut Street. 1885. For sale by John P. Morton & Co. Price: cloth, \$5, sheep, \$6.

A New Method of Operating for the Relief of Deep-seated Tumors. By Neal C. Wyman, M.D., Detroit, Mich., Professor of Physiology, etc. in the Michigan College of Medicine. Read before the Wayne County Medical Society. Reprint. 1884.

Correspondence.

A MISTAKE.

Editors Louisville Medical News:

I find in the News of the 6th instant, just come to hand, a notice of the death of Dr. Fauvel, "the great French laryngologist." It was Dr. Fauvel, the celebrated epidemiologist, who died on the 6th of November last, whereas the laryngologist is still alive and in good health. The mistake is an unfortunate one, as it may be prejudicial to his practice, and I am sure that on the receipt of this information you will rectify the error.

YOUR PARIS CORRESPONDENT.

PARIS, December 26, 1884.

[Our thanks are heartily returned to our esteemed correspondent for his kindness in rectifying the error in question. Honor to the dead, but justice to the living, should be the motto of all who write obituaries.]

AMERICAN PUBLIC HEALTH ASSOCIATION.

The thirteenth annual meeting of the American Public Health Association will be held at Washington, D. C., December 8-11, 1885. The Executive Committee have selected the following topics for consideration at said meeting:

1. The best form in which the Results of Registration of Diseases and Deaths can be given to the public, in weekly, monthly, and annual reports.
2. The proper organization of Health Boards and Local Sanitary Service.
3. Recent Sanitary Experiences in connection with the Exclusion and Suppression of Epidemic Disease.
4. Healthy Homes and Foods for the Working Classes. (See Lomb Prize Essays.)
5. The Sanitary Conditions and Necessities of School-houses and School-life. (See Lomb Prize Essays.)
6. Disinfection and Individual Prophylaxis against Infectious Diseases. (See Lomb Prize Essays.)
7. The Preventable Causes of Disease, Injury, and Death in American Manufactories and Workshops, and the Best Means and Appliances for Preventing and Avoiding Them. (See Lomb Prize Essays.)

All persons who propose to present papers at the next annual meeting (prize essays excepted as per conditions elsewhere

given) must place the same in the hands of the Secretary at least three days before the commencement of the annual session, as such papers must be examined by a committee before being read. This rule will be rigidly enforced, and all authors must be governed by it. After December 1, 1885, papers must be sent to the Secretary at Washington, D. C., care of Dr. Smith Townsend, chairman Local Committee of Arrangements. Active and associate members have equal rights in the presentation and discussion of papers. The Local Committee of Arrangements is already organized, and active work begun to make the next meeting a large and successful one.

The generous prizes offered by Mr. Henry Lomb will tend to awaken an increased interest in the great work which this Association has for years been successfully prosecuting, and will add much to the already more than national reputation of its beneficent undertakings.

The co-operation of all persons interested in the public health, or in any subject allied to sanitary science, is respectfully solicited. A circular giving full and concise information regarding local matters, programme, transportation, etc., will be issued in due season before the meeting.

The Lomb Prize Essays.—Mr. Henry Lomb, of Rochester, N. Y., has offered, through the American Public Health Association, the sum of two thousand eight hundred dollars, to be awarded as first and second prizes for papers on the following subjects, and according to conditions mentioned elsewhere:

1. Healthy Homes and Foods for the Working Classes. First prize, \$500; second prize, \$200. Essays to be of a practical character, devoid as far as possible of scientific terms. They must be within the scope and understanding of all classes, and designed especially for a popular work. Judges—Dr. E. M. Moore, President State Board of Health, Rochester, N. Y.; Dr. C. W. Chancellor, Secretary State Board of Health, Baltimore, Md.; Medical Director, Albert L. Gihon, U. S. Navy, Washington, D. C.; Dr. J. H. Raymond, Health Commissioner, Brooklyn, N. Y.; Major Charles Smart, Surgeon U. S. A., Washington, D. C.

2. The Sanitary Conditions and Necessities of School-houses and School-life. First prize, \$500; second prize, \$200. The object and intention of these essays is to furnish instruction to those having the care of common schools, construction of buildings,

hygienic conditions, management, etc., as well as valuable knowledge to teachers and parents upon matters allied to school interests. Judges—Hon. Erastus Brooks, LL. D., State Board of Health, New York; Dr. H. P. Walcott, State Board of Health, Lunacy, and Charity, Cambridge, Mass.; Dr. Granville P. Conn, President State Board of Health, Concord, N. H.; Hon. John Eaton, Commissioner of Education, Washington, D. C.; Col. George E. Waring, jr., C. E., Newport, R. I.

3. Disinfection and Individual Prophylaxis against Infectious Diseases. First prize, \$500; second prize, \$200. This subject will embrace the kinds, value, and relative merits of disinfectants, as well as the methods of use; also the means that may be employed by the individual to avoid contagious and infectious diseases. Judges—Dr. S. H. Durgin, Health Officer, Boston, Mass.; Dr. J. E. Reeves, Secretary State Board of Health, Wheeling, W. Va.; Dr. Gustavus Devron, President Auxiliary Sanitary Association, New Orleans, La.; Prof. Richard McSherry, M.D., Baltimore, Md.; Prof. James L. Cabell, LL. D., University of Virginia, Va.

4. The Preventable Causes of Disease, Injury, and Death in American Manufactories and Workshops, and the Best Means and Appliances for Preventing and Avoiding Them. First prize \$500; second prize, \$200. Under this head the conditions and necessities of the American mechanic are to be especially considered, and the thorough consideration of a class will be regarded of more value by the judges than a superficial review of the whole field. Original investigations will weigh much in awarding the prizes, while compilations from existing literature or foreign statistics will not find favor with the judges. Judges—Dr. E. M. Hunt, Secretary State Board of Health, Trenton, N. J.; Dr. A. N. Bell, Editor Sanitarian, New York City; Major George M. Sternberg, Surgeon U. S. A., Baltimore, Md.; Major John S. Billings, LL. D., U. S. A., Washington, D. C.; Mr. W. P. Dunwoody, Secretary National Board of Health, Washington, D. C.

Conditions: All essays written for the above prizes must be in the hands of the Secretary, Dr. Irving A. Watson, Concord, N. H., on or before October 15, 1885. Each essay must bear a motto, and have accompanying it a securely sealed envelope containing the author's name and address, with the same motto upon the outside of the en-

velope. A caligraphic copy of each essay will be made by the Secretary and placed in the hands of the judges, so that they will be totally ignorant as to the author.

After the prize essays have been determined upon, the envelopes bearing the mottoes corresponding to the prize essays will be opened, and the awards made to the persons whose names are found within them. The remaining envelopes, unless the corresponding essays are reclaimed by authors or their representatives within thirty days after publication of the awards, will be destroyed unopened by the Secretary.

The judges have been selected by the American Public Health Association, the Conference of State Boards of Health, and the National Board of Health, and are empowered to reject all papers if in their opinion none are worthy of a prize. The essays awarded the prizes are to become the property of the American Public Health Association.

None of the judges will be allowed to compete for a prize on the subject upon which they are to pass judgment.

The judges will announce the awards in the second week of December, 1885, at the annual meeting of the American Public Health Association.

It is intended that the above essays shall be essentially American in their character and application, and this will be considered by the judges as an especial merit.

Competition is opened to authors of any nationality, but all the papers must be in the English language.

It is expected that arrangements can be made to have these essays widely distributed to the public and to the persons mostly interested in the respective subjects in the United States. The American Public Health Association earnestly appeals to those able to compete to take part in this work, which it is believed will do much to augment the health, comfort, and happiness of the people.

Per order Executive Committee.

IRVING A. WATSON, *Secretary*.

CONCORD, N. H., January 7, 1885.

FOR a number of years it has been the custom in Dublin to have an annual football game the day before Hospital Sunday for the benefit of the Hospital Sunday fund. In this country the advantages accruing to hospitals from foot-ball games are chiefly clinical.—*B. M. & S. Journ.*

Translations.

EXTRA-UTERINE PREGNANCY.*

The following report by M. Pean, of Hospital Louis, is of a case of extra-uterine pregnancy dating back five years. Death occurred from cachexia after five months' suffering. Clinical: Béche, aged forty four years, a washer-woman, entered the Hospital St. Louis on the 24th of March, 1884. She was a woman of habitual good health and the mother of five children. At the age of thirty-nine, after a year had elapsed during which she had had complete amenorrhea without abdominal trouble, her periods became regular. During one of these periods she was taken with pain in her abdomen, and had symptoms of peritonitis which lasted for four weeks. At this time a tumor, believed to be fibrous, was found.

In November, 1883, menstruation being absent, the patient suddenly experienced sharp abdominal pains and presented symptoms of peritonitis and vesical tenesmus at the same time, during which she passed small pieces of bone. Dr. Larrisée, having examined her, found a very pointed bony fragment in the vagina. The patient became thin, cachectic, and died 29th of March. Among other curious symptoms a hairy crepitation in the hypogastric region had been noted.

Autopsy, held twenty-four hours after death, revealed the following conditions: The respiratory apparatus showed nothing abnormal, save a few pleuritic adhesions over the left lung. The liver was large and friable, and in amyloid degeneration; the kidneys were in the same condition. All interest was, of course, centered in the genito-urinary apparatus. An incision was made from the pubes to within three or four centimeters of the umbilicus. The lower border of the omentum adhered to the tumor, with some of the inferior intestinal convolutions. In one place the structure of the gut was markedly altered. To left and right a tract of pus followed along the large intestine to the neighborhood of the kidneys. There had evidently been peritonitis over the site of the tumor, around which pus seemed to have already formed slowly, being diffused into the great peritoneal cavity.

The tumor, along with the rectum, and the bladder in part, was cut out, the pubic

*Translated for the Louisville Medical News from the *Progres Medicale*, December 6th, by W. M. Holladay, B.A.

arch being divided at the symphysis, and the parts obtained in their integrity. First of all in the rear (of the arch) was found the tumor, the uterus, and the rectum. The tumor was as large as a fetus' head at term. At its sides were the hypogastric vessels and the ureters. An incision upon its anterior face showed a cavity having a wall from three to four millimeters in thickness, containing bones and a magma composed of pus and the debris of disorganized tissues. At the plane of the incision a parietal bone was easily recognized, which had evidently given rise to the crepitation during life. On one side a tibia with its fibula, deprived of its inferior epiphysis, was easily recognized. The tibia was four and one half centimeters long. Compared with a child of six months, the bone was found to be one and one half centimeters short. It is probable that the fetus was about four months old. At the back of the tumor and bound to its lower wall were found the uterus and its appendages, except the left fallopian tube, of which only the ligament hypertrophied to the size of a large crow-quill could be seen. This ligament mounted toward the summit of the tumor, and it appeared probable that the fallopian tube had formed a cyst which had served as a site for the tumor. The rectum was not altered but was remarkably delicate. The bladder was difficult to find, as it was much atrophied, but following up the ureters it was discovered behind the symphysis and below the tumor; a lateral incision showed that its posterior wall had disappeared and that numerous small bones had entered it. Some calcareous concretions were found in it which explained certain peculiar sensations experienced by the patient during catheterism.

Selections.

PERFORATION OF THE APPENDIX VERMIFORMIS; TREATMENT.—In the earlier cases of perforation of the appendix placed on record venesection seems to have been generally trusted to as the only means of cure, under the impression that the disease was of a purely inflammatory character. It is scarcely necessary to say that such treatment proved of little benefit, inasmuch as the inflammation was the result of the introduction into the serous sac of a decomposing, or at any rate of an irritating, material which no amount of blood-letting

could remove. Its only effect was to lower the vital powers of the patient, and thus to diminish his chance of recovery by adhesion of the injured part to some of the neighboring organs. And other cases were treated by the use of drastic purgatives, on the supposition that the symptoms resulted from intestinal obstruction; but although in most cases the bowels were readily opened the fatal termination of the disease was not thereby obviated. On the contrary, the use of aperients proved to be so detrimental that they were entirely abandoned in this as in other forms of peritonitis. Of late years opium has been generally employed, but there has been no diminution in the mortality of the disease. I have prescribed it in every case that has come under my notice for some years, either alone or with belladonna; it has always relieved the pain, lessened or subdued the vomiting, given sleep, and proved an immense comfort to the patient, but in no single case has it appeared to avert the fatal termination.

Another plan of treatment has, however, been successfully adopted, viz., that of laying open the abscess formed around the perforation and allowing the pus to escape. The earliest case on record is one performed by Mr. Hancock, which ended in the recovery of the patient. Twenty years afterward Dr. Parker, of New York, operated upon a case successfully, and Dr. Gordon Ruck, of New York, has collected thirteen cases of this operation, of which twelve recovered and only one died. I have twice advised this procedure. In the first case it was not performed until the patient was evidently sinking, but pus was found and evacuated; in the second, which was a very chronic one, the abscess was opened and recovery ensued. I have before mentioned that fluctuation can rarely be distinguished in abscesses of this kind, and out of ten recorded by Dr. Ruck it could be felt in only one, proving that there is no necessity to wait until this sign of abscess can be discovered. None of the above cases were operated on before the seventh day, and, with one exception, the operation was not attempted until between the seventh and the fifteenth day; but we have already seen that forty out of fifty-seven cases died during the first week of illness, so that if the rule should be followed, as has been hitherto laid down, of waiting until the pus is completely localized by adhesions, the operation will be restricted to a very small number of those who are attacked with this formidable mal-

ady. Theoretically it would seem to be much better if we could cut down upon the appendix as soon as the diagnosis was tolerably certain, tie it above the seat of the perforation and remove from its neighborhood any concretion or decomposing material that might be the cause of irritation. The only objection that I can see to an early operation is that adhesions to the neighboring organs might be prevented; but when we reflect how very rarely the fortunate termination occurs, and how certainly death follows if it does not take place, we may, I think, dismiss the objection from our consideration. But even when adhesion does result from perforation the fatal issue is in most cases only postponed, for, as we have before shown, the adhesions are often torn asunder by some undue exertion of the abdominal muscles and fatal peritonitis ensues.

Two methods of operation have been pursued: In one an incision has been made directly into the suppurating part and the pus at once evacuated; in the other the incision has only been carried down to the fascia, and either the pus has been allowed afterward to escape spontaneously or an aspirator has been passed into the most depending portion of the swelling and the contents thus evacuated. It is evident, however, that if an operation were performed at an early period the incision must be carried down directly to the injured part, for we can not suppose that pus would be formed and localized until many days after the perforation had taken place.

The choice of the method of operation must of course be left to the discretion of the surgeon, and will probably require to be varied according to the circumstances of each case. Of one thing we may be quite certain, that no drugs are likely to be of much avail; for your common sense will tell you that when you have an irritating material suddenly introduced into a large serous sac the only chance of giving relief is to remove it, and thus put a stop to the original cause of the mischief. The office of the physician, therefore, will most likely become restricted to diagnosis, and it is only by carefully watching the first symptoms and the physical signs of the disease and by comparing them with those of other disorders that may simulate it that we shall be able to arrive at such a correct judgment as may justify the employment of surgical measures at an early period of the case.—*London Lancet*.

TERPINE.—Under this name M. Lepine gave an account at the Lyons Societe des Sciences Medicales (*Lyons Medicales*, November 16th), of a new therapeutical agent produced by a chemical combination of turpentine, alcohol, and nitric acid. In doses of from twenty-nine to forty centigrams he has found it very useful in chronic, and even in subacute, bronchitis, greatly facilitating expectoration. Advantage has also been derived from it in the same or similar doses in some cases of chronic nephritis. It is a diuretic acting directly on the renal epithelium, requiring to be used with circumspection.—*Maryland Medical Journal*.

NERVE-SUTURE AND EXCISION OF BONE.—The Berlin correspondent of the British Medical Journal writes: This operation was performed by Professor von Bergmann a few days ago in the Royal Clinics. A boy, aged fifteen, was brought there, who in June of last year had been severely wounded in his right upper arm by a circular saw. The wound had healed up in about ten weeks; but the boy had lost all power of motion and all sense of touch in his right arm and hand. It was supposed that the nerves of the upper extremities had been severed; and, in order to reconnect them, the scar was reopened and the ends of the nerves uncovered. As it was impossible to join them as they lay, a piece of the humerus two inches long was sawn off. The two ends of the nerve were then joined, and it is hoped that the boy will recover the use of his arm and hand.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes in the Stations and Duties of Medical Officers serving in the Medical Department of the United States Army, January 4, 1885, to January 10, 1885.

McKee, J. C., Major and Surgeon, ordinary leave of absence still further extended four months on surgeon's certificate of disability. (S. O. 6, A. G. O., January 8, 1885.) (*Shannon, Wm. C.*, Captain and Assistant Surgeon, relieved from duty at Fort Bridger, Wyoming, and assigned as attending Surgeon at Hdqrs. Dept. of the Platte. (S. O. 2, Dept. Platte, January 5, 1885.) *Robinson, S. Q.*, Captain and Assistant Surgeon, assigned to temporary duty at Portland, Oregon, from December 17, 1884. (S. O. 206, Dept. Cal., December 22, 1884.) *Appel, A. H.*, Captain and Assistant Surgeon, granted leave of absence for one month, to take effect on or about January 7, 1885 (Madison Barracks, N. Y.) (S. O. 268, Dept. East, December 31, 1884.) *Wales, P. G.*, First-Lieutenant and Assistant Surgeon, relieved from duty at Vancouver Barracks, W. T., and ordered to return to his proper station, Fort Coeur d'Alene, Idaho. (S. O. 204, Dept. Cal., December 19, 1884.)

THE
LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, JANUARY 24, 1885.

Original.

ALDEHYDE AND PARALDEHYDE.

BY SIMON FLEXNER, PH.G.

The introduction into medicine of paraldehyde as a new agent for the production of sleep; the fact that in practice it has given results quite in keeping with the high expectations based on it, and the comparative scarcity of readily accessible literature on the subject of the peculiar class of compounds of which the paraldehyde is a member, have all had to a greater or less degree the effect of stimulating inquiry in this direction. With this as an excuse I would submit the following:

The aldehydes are a class of bodies resulting from the abstraction of hydrogen from the primary alcohols and their ethers. In this process the alcohol loses two equivalents of hydrogen, the first coming from what is known as the hydroxyl group, and the second from the carbon combination with hydrogen. The resulting compounds, the aldehydes, are intermediate in composition between the primary alcohols and the acids resulting from the oxidation of the aldehydes, and can easily be converted into either.

For the regeneration of the alcohols, all that is needed is to treat the faintly acidulated aldehyde with sodium amalgam, when the two atoms of abstracted hydrogen are replaced. For the production of the acids simple oxidation of the aldehydes only is necessary; and, since the aldehydes are produced in the first instance by a process of oxidation, it becomes evident why extreme circumspection is required in the degree to which the oxidation is carried; for, by overstepping the limit, the resulting product will mainly consist of acid, the for-

mation of the aldehyde having been an intermediate stage which is passed.

The aldehydes are so very susceptible of this change that many of the metallic oxides will, without the aid of oxidizing agents, cause this conversion; but of all, the action of the silver oxide is most characteristic. If an ammoniacal solution of nitrate of silver is added to aldehyde and the mixture slightly warmed, there will be produced a reduction of the silver nitrate, metallic silver separating, while the ammonia salt of the aldehyde acid will remain in solution.

Of the many characteristics of this class of compounds, the most prominent is the ease with which they are converted into polymeric modifications, in which case tripled molecules result. And here we will examine the aldehyde which is most familiar to us, and to which paraldehyde is related.

Ordinary alcohol, ethylic alcohol or its ether, ethylic ether, yield by careful oxidation ethylic aldehyde, which is known as acetic aldehyde, or with more special reference to its chemical composition, ethylidene oxide — ethylidene being the hydrocarbon radical of this group.

The production of acetic aldehyde is not attended with any particular difficulty where care is taken to confine the oxidation within certain limits, and the processes by which it can be made are numerous. The oxidizing effect of sulphuric acid and manganese dioxide on ethylic alcohol is usually taken advantage of for the production of the body in question, and with proper facilities for cooling the evolved aldehyde, much can be prepared to good advantage by this means.

The relation existing between ethylic alcohol and its aldehyde is easily seen by comparing their formulæ, and then the close proximity held by the acid resulting from the aldehyde is also made evident. For instance, alcohol is represented by the formula, C_2H_6O ; aldehyde by C_2H_4O ; acetic

acid, $C_2H_4O_2$. The ethylic aldehyde is a mobile colorless liquid lighter than water and very volatile, absorbing in evaporation large amounts of heat. Its vapor, when inhaled, produces a feeling of tightness in the chest; but beyond this it is not known to possess any special physiological characteristics, certainly none in the direction in which its congener, paraldehyde, has achieved such success. From this aldehyde the paraldehyde is produced by causing a re-arrangement, or rather an approximation, if it may be so termed, of the molecules of the original aldehyde.

Paraldehyde may be viewed as a concentrated aldehyde; an aldehyde in which three molecules have been compressed into one. This change is producible in a variety of ways, but in no instance does the agent employed to initiate, as it were, this change in the original aldehyde enter into the composition of the resulting paraldehyde. It acts in all probability by its presence, and by its presence only. Strange to say, the action set up in the simple aldehyde, seldom, if ever, extends through the entire mass; there always is some unaltered aldehyde, from which the paraldehyde must be freed before it is fit for use. For the production of this change, that is, for the conversion of the acetic aldehyde into paraldehyde, all that is requisite is that a small quantity of sulphuric acid be added to the pure ethylic aldehyde. There is an evolution of heat betokening chemical change, and a great diminution of volume in the liquid; but the resulting product, as before intimated, does not consist of pure paraldehyde, it is contaminated to a greater or less degree with secondary products, which it is our next duty to remove. To this end simple cooling to a point below $+10^\circ$ C. suffices, for the paraldehyde at that temperature is crystalline, and therefore easily separable from the other bodies which preserve their liquid state. So prepared this body displays the following characteristics:

It is crystalline below $+10^\circ$, melts at 10.5° , boils at 124° . At 15° its specific gravity is .998. Its vapor density is 4.58, just three times as great as that of ordinary aldehyde. This is in keeping with its theoretical formula, which is $C_6H_{12}O_3$. Chemically it is triethylidene trioxide. In practice the paraldehyde has been administered in the form of an elixir to good advantage.

LOUISVILLE, January 15, 1885.

POMPHOLYX SOLITARIUS GANGRENOSA.

BY W. L. SUGGETT, M.D.

October 10, 1881, I was called to see J. L., a day laborer, aged seventy-six. Three days previously, after a light chill, a water bleb the size of a filbert appeared on the right leg at the site of the origin of the ligamentum patellæ, which had gradually increased in size until, when I saw it, it was as large as a horse-chestnut and quite translucent. It continued to grow up to the sixth day, when it became somewhat opaque and burst, having grown to about the size of a hen's egg. The resulting ulcer appeared rather healthy until two days later, when it assumed a semi-livid hue, the pus becoming ichorous and the whole surface and immediate surroundings taking on a gangrenous appearance. Up to this time the patient had quite sharp remitting attacks of fever, which had been combated with aconite and Dover's powder. In a day or two the parts began to slough, leaving a deep, unhealthy ulcer, which was perfectly circular in outline, and about the size of the top of a teacup. The tongue now became dry and contracted, the fever being of a continuous type, the heart feeble, and the mind cloudy. In this condition he died on the sixteenth day of the disease.

The patient's history was syphilitic, although the circular outline and seat of the bulla was the only outward manifestation that pointed to this disease. The urine was examined at various times. It contained no trace of albumen, but a limited increase of urates; sp. gr. from 1.020 to 1.028. No autopsy was held. I consider the pemphigus merely a voice indicating the disease of some viscus, the location of which I failed to detect. I report the case because of the extreme rarity of pompholyx solitarius in the male. Its occurrence in females is more frequent, but by no means common.

FLORA, ILLS.

RHIGOLENE, ANOTHER LOCAL ANESTHETIC. Dr. G. S. Ryerson, in the Canadian Practitioner, calls attention to rhigolene as a local anesthetic. It is a very light, highly inflammable, non-explosive liquid, obtained by redistillation from petroleum. In the form of a spray it will freeze the tissues in about one minute. It freezes the parts more rapidly and deeper than ether. Under the spray both the superficial and deep tissues may be cut without pain or hemorrhage.

Miscellany.

COCA AND COCAINE IN SLEEPLESSNESS.—The following cases, reported in British Medical Journal, were under the care of Dr. Murrell at the Westminster Hospital:

A man, aged thirty-three, suffering from aortic disease and albuminuria, had been troubled with insomnia for a fortnight. Three minims of a four-per-cent solution of hydrochlorate of cocaine (one eighth grain) were administered hypodermically. The patient remarked that he "slept better than he had done for a long time." The following night a dram of the valoid of coca (a liquid extract, each dram of which represents an equivalent quantity of the leaves) was administered. He did not sleep well. Two drams were then given and sleep was produced. This dose has been continued each night for three weeks with good results.

A case of empyema: sleep was produced by two drams with beneficial result.

A woman with tertiary syphilis and large rupial ulcer of thigh: Two minims of a four-per-cent solution were dropped on the ulcer and the pain was relieved.

Dr. Murrell found that six minims of a four-per-cent solution of the alkaloid (one fourth grain) and five drams of the valoid could be given without bad effect.

CREMATION.—The Weekly Medical Review says that a crematorium is to be established in St. Louis. The rules to be followed are similar to those in force at the Lancaster, Pennsylvania, crematorium, which are as follows:

"1. Application. All applicants for cremation of bodies must present a certificate of death, signed by the physician attending during the last illness, whose standing as a reputable practitioner must be attested by a magistrate or notary public. A blank for this purpose will be furnished by us; but in lieu of this the certificate of the health officers of cities, in legal form, will be accepted.

"2. Preparation of body. The body should be dressed in a shroud of cotton or linen fabric, being particular to avoid all metallic substances—hooks, buttons with metallic eyes, etc.

"3. Coffin. The body should be inclosed in a plain wooden coffin, or, what is preferable, in a coffin made of sheet zinc; being particular to make the coffin no larger than is needed to contain the body.

"4. Shipment of body. To avoid unnecessary expense, when accompanied by friends, a passenger ticket should be purchased for the body, which is then shipped as baggage, not by express.

"5. Religious services. When religious services at the time of cremation are desired, we will arrange for them with some of our city pastors, if timely notice is given.

"6. Cost. The cost of incineration is \$25. The additional expense of conveying the body from the depot to the crematorium, services of undertaker, one coach for friends accompanying the body, and a plain receptacle for the ashes, will aggregate \$10. This amount (\$35) must be received by us in current funds, postal order, or certified check, before the body is cremated. A hearse will be furnished when desired, at \$5, and additional carriages at \$3 each. Urns to receive the ashes will also be furnished when desired, as soon as arrangements now in progress are completed."

The officers of the Society are, D. G. Eshleman, Esq., President; Rev. J. Max Hark, and Henry Carpenter, M. D., Vice-Presidents; H. C. Brubaker, Esq., Corresponding Secretary; J. D. Pyott, Clerk; Geo. K. Reed, Treasurer; M. L. Davis, M. D., J. D. Pyott, and H. C. Brubaker, Esq., Executive Committee.

MEDICAL EDUCATION IN THE UNITED KINGDOM.—The London correspondent of the St. Louis Courier of Medicine writes a gossipy letter, from which we take the following specimen. It appears that our brethren abroad, like those at home, have their little trials and differences:

Since the abandonment of the Government Medical Reform Bill the medical corporations have been thrown into a state of feverish activity, each of them trying to secure the greatest number of candidates for its examinations with as far as possible conforming to the now-accepted principle that every diploma granted should be a guaranty that the possessor has passed a fair examination in the three chief branches of medical education, viz., medicine, surgery, and midwifery. The Royal College of Physicians in Edinburgh has tried to remove the slur which has been thrown upon its reputation during the recent inquiries into the working of the Medical Act by refusing to grant any longer its single qualification in medicine. This action will greatly reduce its receipts, as the flock of men who, plucked by the London examining boards,

yearly resorted to Edinburgh for a medical diploma will now cease to do so. The Edinburgh College has also lost greatly in public esteem by allowing, if not encouraging, its licentiates to assume the title of "Dr.," a title it has no power to grant.

The College of Physicians and Surgeons in London are at present engaged at tinkering up a conjoined scheme by which the diploma of one college will not be granted to a candidate who has not also passed the examinations and is qualified to receive the diploma of the other. For this double qualification the students' fees are to be more than doubled. This has raised a loud outcry against the measure from the students and teachers of the metropolitan schools. The teachers are now in great dread that the number of their pupils will be reduced by the temptations offered by the Scotch, Irish, and provincial schools of medicine, where (what is supposed to be) the coveted title of "Dr." can be obtained on such very much easier terms than in London. But the dread is to a great extent imaginary, as the number of students entering the London Hospitals is not decreasing, and the medical graduates of the older universities invariably complete their course in London, so that as long as London turns out the best educated medical men in the kingdom, whether called "Dr." or plain "Mr.," it need not fear that any material reduction will be made in the number of students seeking instruction in its medical schools.

RECTO-URETHRO-PERINEAL FISTULA.—At a recent meeting of the St. Louis Medico-Chirurgical Society (St. Louis Courier of Medicine), Dr. Carson stated: A patient about thirty years old presented himself at the hospital some weeks ago with recto-urethro-perineal fistula, upon which he agreed to have an operation performed. We made a median incision reaching to the bladder, when we discovered an abscess of the prostate which had hollowed out the entire substance of the prostate gland, especially the right lobe, leaving a mere hollow shell; there was a complete destruction of the membranous portion and part of the bulbous portion of the urethra. The diagnosis was made by Dr. Bryson. Upon seeing the case of abscess of the prostate I was inclined to think that it was peri-prostatic abscess until I cut into it and found the body of the prostate or the substance of the prostate almost entirely destroyed. The peculiar part of it was the entire de-

struction of the membranous and part of the bulbous portion of the urethra, for I think there must have been nearly an inch if not more of the urethra entirely gone. Of course the free incision allows of complete drainage, but what the result is going to be I can not say. The wound looks well and is apparently doing very well; but we can not make out whether there is still any drainage through the intestine or not; the patient says he is uncertain about it.

FATAL NARCOSIS FROM ONE FOURTH OF A GRAIN OF MORPHIA HYPODERMICALLY.—At a recent meeting of the Cincinnati Academy of Medicine Dr. T. A. Reamy (Cincinnati Lancet and Clinic) reports a death from one fourth of a grain of morphia given hypodermically. The patient had been operated on for lacerated cervix, and slightly lacerated perineum, under ether. After the effect of the anesthetic had passed off, the patient complained of pain, and one fourth of a grain of morphia was given hypodermically. In one and a quarter hours she was insensible; one thirtieth of a grain of atropia in four doses was given hypodermically, also stimulants and electricity were tried without effect, patient died in eight and one half hours in coma.

DR. PARVIN reports relief of vaginismus from the application of a four-per-cent solution of cocaine.

Dr. F. C. Wilson, at a recent meeting of the Louisville Medico-Chirurgical Society, reported a case of the same affection successfully managed by the same means.

HYDROCHLORATE OF COCAINE is only soluble in water in the proportion of five per cent. If a stronger solution is required an acid must be added; thus a stronger than a five-per-cent solution can not be used in the eye.

It is announced that the University of Virginia is about to organize a Veterinary Department, and to erect a hospital for the treatment of diseases of animals.

THE editor of the Archives of Medicine, Dr. E. C. Seguin, of New York, announced the discontinuance of that journal with the issue of December, 1884.

DR. W. F. HATCH, one of the oldest practitioners of medicine in California, died November 16, 1884, aged sixty-six.

The Louisville Medical News.

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H. A. COTTELL, M. D., - - - - - Editor.
J. MORRISON RAY, M. D., - - Assistant Editor.

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PROF. SILLIMAN.

Prof. Benjamin Silliman, M. D., died of uremic poisoning at his home in New Haven, Conn., on the night of the 14th inst.

As a scientist, Dr. Silliman has long been known to fame, not only by his brilliant labors at Yale, where he held the chair of chemistry for thirty years, but through his substantial contributions to the science and literature of chemistry and physics. To many of our readers he was personally known as a member of the old and honored faculty of the University of Louisville, in which as a worthy associate of Drake, Yandell, Gross, Cobb, Bartlett, Palmer, Flint, Bell, Miller, and Rogers, he set forth the charms and demonstrated the uses to medicine of what was then an infant science. A fluent speaker, a graceful manipulator, and an original investigator, he held the attention of his students as by a spell, and taught them with the authority of a master. He was called to the University in 1849, and left it to succeed his father in the chair of chemistry at Yale in 1854.

He dies at the ripe age of sixty-nine years. Of that band of noted men from which the name of Silliman takes luster and to which

it adds renown but one remains, the venerable Flint; three have passed away within a year, and the others in scarcely more than a decade. "They rest from their labors; and their works do follow them."

ANNALS OF SURGERY.

The first number of this journal, of whose advent we were duly apprized by a stimulating prospectus, and to whose coming we have looked forward with high expectations, is before us.

In contents and in dress it is a credit to the great art and science whose exponent it essays to be, and will doubtless meet with a hearty reception at the hands of the profession.

The journal is an octavo of ninety-six pages, edited by L. S. Pilcher, M. D., of Brooklyn, N.Y., and C. B. Keetley, F.R.C.S., of London, England, and published by J. H. Chambers & Co., of St. Louis, Missouri. The present number contains four original papers, as follows: On Removal of the Marrow of Long Bones as a Treatment of Osteomyelitis, by C. B. Keetley, F.R.C.S.; Treatment of Wounds of the Anterior Tibial Artery Complicating Compound Fracture of the Leg, by Francis J. Shepherd, M. D., C. M.; An Inquiry into the Use of the Ligature in the Treatment of Aneurism, by L. A. Stinson, M. D., and A Successful Case of Laparo-Elytrotomy, by A. J. C. Skene, M. D., with *Annus Chirurgicus* of 1884, an able editorial retrospect of the surgery of the year; the Proceedings of the New York Surgical Society; an Index of Surgical Practice; Reviews, and minor contributions.

Well edited, well printed, and well supplied with the best material which goes to make up the surgical literature of the day, the success of the *Annals of Surgery* is assured.

LEA BROS. & Co. will in future be the firm name of the publishers so long known as Henry C. Lea's Son & Co., the partnership

existing under this name having been dissolved by limitation. By the new arrangement the members of the firm are Charles M. Lea, Christian C. Febiger, Arthur H. Lea, and Henry M. Barnes. Increased prosperity will doubtless crown the united labors of these gentlemen, whose names are a warrant that the time-honored house will continue to supply the profession with its rich yearly offering of classic medical works.

Bibliography.

Holden's Anatomy. A Manual of Dissection of the Human Body. By LUTHER HOLDEN, late President of the Royal College of Surgeons, England, etc. Fifth edition. Edited by John Langdon, Surgeon to and Lecturer on Anatomy at St. Bartholomew's Hospital, etc. With over two hundred illustrations. Philadelphia: P. Blakiston, Son & Co. 1885. For sale by John P. Morton & Co.

Holden's Anatomy, designed especially to teach "soft anatomy" and as a manual of dissection, has many points of special merit. The descriptive text is concise and accurate, aiming especially to direct the student's attention to the prominent facts of anatomy and to trace the connection and point out the relative situation of parts without perplexing him with minute descriptions. The text is interlarded throughout with practical suggestions as to diseases or injuries liable to occur to the parts under consideration, the symptoms likely to be produced, and why so, from an anatomical stand-point. By this means the student's mind is stimulated to a keener appreciation of the practical value of a knowledge of anatomy.

The fifth edition has many improvements: more space is given to the consideration of the anatomy of the nervous system and organs of special sense; in the matter of illustrations this is notable, there are new diagrams of the heart, showing the relative position of the valves; of the axilla, showing the position of the vessels and nerves; of the course and relations of the abdominal aorta and inferior vena cava; of the branches of the external carotid artery and their branches; of the brachial plexus and its branches. These diagrams give at a glance a clear idea of structures and their relative position, which being previously studied enables the student to make better dissections.

Professor Langdon's revision will certainly add much to the already great popularity of the work.

R. B. G.

A Manual of Obstetrics. By EDWARD L. PART-
RIDGE, M. D., Professor of Obstetrics, New
York Post-Graduate Medical School, etc. With
sixty illustrations. New York: William Wood
& Co. 1884. For sale by John P. Morton & Co.

This is a treatise on practical midwifery in miniature, and may be regarded as a very worthy representative of the class of vest-pocket literature. In a hasty reading it is easy to see that the author is not only a practical obstetrician but an able teacher. For, by necessity avoiding all long-spun discussions, he lays before the reader just such points as should be attentively noted by the student and kept in mind by the physician in daily practice.

Much has been said by the advocates of thorough-going methods of study to the discredit of works of this class, and, so far as these strictures may serve to keep the student from depending upon such helps to the neglect of elaborate works, they should be still more strongly emphasized; but it can not be denied that to the practitioner, who may require a pocket companion which may refresh his memory upon some point presented in a case of emergency, a work of this kind is often of priceless worth. A saddle-bag or buggy-case library of condensed practical works like the above would prove a blessing to the physician and a source of profit to the publisher.

Visions of Fancy. A poetical work by N. M. BASKETT, M. D., of Moberly, Mo. St. Louis: Commercial Printing Company. 1884. For sale by John P. Morton & Co.

This work is a surprise. On taking it up we expected to find one of those dreary, senseless volumes which so often come to the desk of the editor from some hitherto unknown would-be poet, whose patrons doubtless put up the subscription money as a bribe to the author that he would desist from reading his manuscripts in their hearing. In this we must own a most agreeable disappointment.

The author writes with chaste diction and concentration of thought which now and then exhibits a flight of true poetry. He possesses invention and talent in high degree, if not genius, and stands good chance of being

named among the poets of his land. Many of the poems are melancholy in tone, as if the author had passed through some great sorrow. The secret is probably told in his poem called "The Husband to his Dead Wife." One who can write lines like these will always find readers, sympathy, and friends:

I sit beside my chimney-place,
And read my books alone;
I fancy I can hear your step
Upon the old hearth-stone;
I feel your spirit at my side,
And long to hear you speak;
Again your eyes gaze into mine,
My kiss falls on your cheek.

* * * *

And though men tell me you are dead,
With me you still must live
In every holy memory
That love and youth can give.

Quiz Compend? No. 10. A Compend of Organic and Medical Chemistry, including Urinary Analysis and the Examination of Water and Food. By HENRY LEFFMANN, M.D., D.D.S., Professor of Chemistry and Metallurgy in the Pennsylvania College of Dental Surgery, etc. Philadelphia: P. Blakiston, Son & Co. 1884. Price, \$1.00. For sale by John P. Morton & Co.

This is one of the best of the excellent series of quiz compends first introduced by the publishers one year ago. In the work under notice the author has endeavored to place in small compass a large amount of matter, and by great condensation in text, with the expression of the properties of groups of bodies in the tabular form, he has succeeded. The work embraces a range of subjects so wide as to make it useful to the student in following a course of lectures in medical chemistry, while sufficient attention is given to manipulation and the more practicable tests to fit it admirably for service as a laboratory manual.

The Medical Graduate and his Needs. By GEORGE C. WELLNER, M.D. Detroit, Mich: George S. Davis. 1884.

This little work consists of eleven chapters of wholesome advice, offered by a practical physician at small cost to any who are wise enough to avail themselves of it. The themes discussed are just such as give the student most concern at the outset of his long and uncertain journey, and he who reads the book aright will not fail to find comfort and profit in the exercise.

The Management of Pott's Disease of the Spine in Young Children. [Reprint, Medical Age, Nov. 26, 1883.] By Hal C. Wyman, M.D., Detroit, Mich., Professor of Physiology and Histology in the Michigan College of Medicine.

A Useful Catheter for the Operation of Vesico-vaginal Fistula. By H. C. Wyman, M.D. Reprint, Detroit Lancet, Dec. 1883.

A Practical Treatise on Massage, its History, Mode of Application, and Effects, Indications, and Contra-indications, with results in over fourteen hundred cases. By Douglas Graham, M.D., Fellow of the Massachusetts Medical Society. New York: William Wood & Co. 1884. For sale by John P. Morton & Co.

A Theoretical and Practical Treatise on the Hemorrhoidal Disease, giving its History, Nature, Causes, Pathology, Diagnosis, and Treatment. By William Bodenhamer, A.M., M.D. Illustrated by two chromolithographic plates and thirty-one woodcuts. New York: William Wood & Co., 56 and 58 Lafayette Place. 1884. For sale by John P. Morton & Co.

A Practical Treatise on the Diseases of the Ear, including a sketch of Aural Anatomy and Physiology. By D. B. St. John Roosa, M.D., LL.D., Professor of Diseases of the Eye and Ear in the New York Post-Graduate Medical School, Surgeon to the Manhattan Eye and Ear Hospital, etc. Sixth edition, revised and enlarged. New York: William Wood & Co. 1885.

The International Encyclopedia of Surgery: A Systematic Treatise on the Theory and Practice of Surgery. By authors of various nations, edited by John Ashhurst, jr., M.D., Professor of Clinical Surgery in the University of Pennsylvania. Illustrated with chromo-lithographs and woodcuts. In six volumes. Vol. V. New York: William Wood & Co. 1884. For sale by John P. Morton & Co.

Elements of Practical Medicine. By Alfred H. Carter, M.D., London, Member of the Royal College of Physicians, London; Physician to the Queen's Hospital, Birmingham; Emeritus Professor of Physiology, Queen's College, Birmingham; Examiner in Medicine for the University of Aberdeen, etc. Third Edition. New York: D. Appleton & Co., 1, 3, and 5 Bond Street. 1885. For sale by John P. Morton & Co.

Correspondence.

ON EXTENSIVE SCALP WOUNDS.

Editors Louisville Medical News:

I have read with a good deal of interest the case of an extensive denuded bone of the scalp, reported in the *MEDICAL NEWS* of the 25th October by James Craig, M. D., who treated the case by cutting away the outer table of the skull. I am induced to differ with Dr. Craig in his mode of treatment from a similar case I had in the late civil war, years ago. I will cite the case.

Private G. B., aged thirty-five, somewhat under the influence of liquor, was thrown from a heavily-loaded wagon. One of the hind wheels passed over his skull, tearing the integuments away from the left temporal bone and from the frontal on the same side, leaving a flap of skin and flesh hanging over the face. The bone appeared extensively denuded, which gave me considerable uneasiness, as did a similar bone in Dr. Craig's case. I carefully cleaned the parts and brought them into apposition by sutures and adhesive strips as well as I could, which proved not very satisfactory to the eye. Within forty-eight hours all the stitches tore out, and the case looked bad enough. I brought the flaps together again, but only to have them torn out the next day. In this manner I kept sewing up the wound daily, until adhesion took place and the tension subsided.

As I thus progressed with the case, at first with much uneasiness, granulation set in, with a tendency to an excellent cure. The parts finally healed with not a very bad cicatrix, taking into consideration the nature of the injury. Contrary to expectation, the sutures did not excite erysipelatous inflammation of the scalp, nor did the denuded bone pass into the state of exfoliation.

With this experience, I must demur to Dr. Craig's treatment, and could not hope for its adoption in treating like cases. It is a good rule, in so serious a dilemma, to avoid heroic treatment and give nature a chance.

THE TERM, CURE.

I have perused with close attention the paper read by E. R. Squibb, M. D., before the New York Medical Association, on *Modern Progress in Materia Medica and Therapeutics*, and took the liberty to extract from this able and interesting paper his views on symptomatic treatment into my

"Consultation Prescription Book," soon to be ready for publication.

There is one point in that paper that demands criticism, and that is where the author derides the term cure as a proper term in medication. We admit that the term is badly abused; yet even in the science of medicine it has its proper place, and can not be dispensed with. The sequel of a medical or surgical treatment is not always the same. It may be a cure, in recovery, in giving relief, in restoring health, or it may be harm, and even death.

The term cure is well applied where a positive remedy gives immediate relief, leaving no trace of the disease behind, as it may be in colic, headache, worms, scabies, etc., and in a large class of surgical cases.

When smallpox, scarlatina, and other contagious diseases terminate by recovery, they receive only a protective treatment, the physician giving no attention to the disease itself. We restore health sometimes in nervous exhaustion from the effects of intemperance or over-exertion, etc. It is evident that a patient may be restored to his individual standard of health and yet be not cured. In phthisis, syphilis, cancers, and other intractable diseases, we may not cure, but only give relief.

Often a curative treatment may only afford relief; that is, where the disease subsequently has a tendency to relapse, or where there is an established predisposition to the same disease. As this tendency to a relapse, to the establishment of a predisposition, may still be a factor of the disease, it can be no cure, but only relief has been rendered, with an imperfect recovery.

But the great objection to Dr. Squibb's views of the term cure is not in its scientific application, but rather what led him to condemn it *in toto*—on account of the abuse of the term. It has been so long the bark of empirics that many excellent physicians under a quackophobia have a horror of the word, and feel it a sacred duty to expunge it as a medical term. But their dislike to the word will not prevent them using freely its synonyms, and often with less philosophical application. The term cure was never borrowed from quacks, but has been associated with the healing art from its earliest days. It is mentioned with singular significance in the Holy Writ: "The child was cured from that very hour" (Matt. xvii, 18); "Then he called his twelve disciples together and gave them power . . . to cure

diseases" (Luke ix, 1). We can not well examine the word cure in the abstract, but must simply take it as the result of a very successful treatment. The best that we can do with it is to recognize in it the conditions of the disease itself, the instrumentality that removed it, and the unimpaired condition of the system after the cure. The instrumentality usually is in the hands of the physician and administered under his judgment.

It strikes us that science should recognize no abuse of words outside of its own precinct. For the medical profession to occupy itself with the quacks of the land ends in no good, except to the quacks themselves. The persecution from a learned and dignified body only gives them luster they can borrow from no other source. Cut them out entirely from your professional notice, as you would any other enemy of society, and then even the ignorant would soon be able to draw the distinction between the quack and the doctor, as he would between the doctor and the bar-tender. As to the quacks within the profession, let them dwell in peace, and their days will be few. All things adjust themselves by immutable laws. A light is now dawning on the nations of the earth which will do more in time to drive these medical bats into their dark holes than all legislative and professional efforts. Let the spirit of the age, with its own laws, correct the evil, and seek not to resist her with misguided zeal and ineffectual endeavors.

"Every tub stands on its own bottom." Let every physician, with wisdom, dignity, and humanity act as if he alone was the great medical profession. Let him not be occupied with the trifles foreign to his individual mission, and he will stand before the people in bold contrast with pretenders of any stripe. Every wise man knows his own defects, and he is wise indeed if he spends his golden hours to cure them rather than to waste them in trying to mend those of others. We say fighting and snubbing quacks ends in no good, and even gives no protection to the people. If the public choose to buy the wares and accept the services of ignorant pretenders, let them do so; but let the physician see to it that his services do not go a-begging. Experience will, by-and-by, teach the people a better wisdom, gained, perhaps, at the expense of much suffering.

G. P. HACHENBERG, M. D.

AUSTIN, TEXAS.

Societies.

PHILADELPHIA COUNTY MEDICAL SOCIETY.*

Stated Meeting, November 19, 1884.

An interesting paper on Suppurative Arthritis, its Conservative Treatment, was read by Dr. C. B. Nancrede, Professor of General and Orthopedic Surgery in the Philadelphia Polyclinic.

The paper treats of two cases of injured joints, the knee and wrist, preserved to almost normal flexibility by "free incision, drainage, and rest, combined with antiseptic treatment in its broadest sense, judiciously followed by persistent passive motion and massage."

The knee-joint was seen by Dr. N. the third day after the injury. This was made by a man upon his own knee with a hatchet, when the limb was thoroughly flexed, thus rendering the incision into the capsule non-coincident with that through the skin when the joint was in any other position than extreme flexion; in other words, the joint was opened in a valvular manner. The man tied a "chew of tobacco" over the wound and went about his business, returning to his work the next morning. On the evening of the second day he walked home, a distance of two miles, and continued to walk about till bedtime. In the night he was awakened by severe pain in the joint, which was red and swollen. Chills, high fever, and slight delirium rapidly supervened. When the doctor saw the case the joint was filled with fluid, and the peri-orbicular tissues were swollen and red. Rest and ice with opiates were used, but by the fourth night the patient was ill, all the symptoms indicating a suppurating joint. After exploring incisions the wound was freely laid open upon a director, and a free incision was made upon the outer, upper side of the patella, thereby giving vent to a quantity of purulent synovia. Within a few days the lower half of the thigh and the region of the head of the tibia were converted into a series of abscesses. These were met by counter-openings, drainage, and antiseptic injections, the immobility of the limb being secured by splints and other machines. The patient, well (hygienically) fed, and highly stimulated with quinine, etc., recovered, after a few months of hot douches,

*An abstract prepared from advanced sheets of the Society's proceedings, by Edward von Donhoff, A.M., M.D., Louisville, Ky.

massage, and passive movements, such use of his limb that any limp was imperceptible.

The injury to the wrist was upon a man of thirty-eight, who after an active, sober life had within a few years fallen into habits of inebriety. The wound was caused by a large fragment of the neck of a bottle, which he was wrenching off, striking the ulnar side of the right wrist, producing a wound down to the joint capsule, and about an inch in length. Dr. N. saw him a week after he was hurt. The temperature was 103° , and the hand much swollen and puffy. Splints, and equal parts of laudanum and water were applied, with quinine and whisky stimulants and milk diet. The latter to be increased from an ounce every two hours to three ounces, as the stomach could bear it. He improved for a week, when his temperature began to ascend, reaching on the tenth day after the first dressing by Dr. N. 104.5° . A small abscess was found and opened, the patient immediately improving. A second abscess was treated as the first, with similar results. But on another declension of the patient further probing showed eroded bone and almost total destruction of the connective tissues of the hand. A free counter-opening was made on the radial side of the wrist, and the hand was enveloped in a dressing of hydrarg. bichloride, one part to two thousand of boiled water; and three drop doses of the tinct of ferri-chloride were added to the already adopted treatment. Thorough drainage was kept up (drainage threads of ligature silk), and twice daily the opening was syringed with the hydrarg.-bichloride solution. Steady improvement kept up for two weeks, when a train of marked septic symptoms began. On the sixteenth day after this condition commenced he was failing so rapidly that death from exhaustion was feared. On that day a deep-seated abscess on the distal ends of the radius and ulnar was discovered, and Dr. N. dissected down on a director to the joint, which was opened, and about a half ounce of pus was allowed to escape from it. Examination with probe and finger showed the articular surfaces of the inferior radio-ulnar joint to be deeply eroded. A director was pushed through the radio-carpal joint until it was felt under the skin on the dorsal aspect of the wrist, where a free counter-opening was made down upon it. The hand was now most carefully cleansed by antiseptic irrigation, the hand and forearm resting upon a bed of raw cotton, kept constantly saturated with the bichloride

solution. The whisky was steadily increased and the quinine raised to twenty-eight grains a day. One more abscess formed on the dorsal aspect of the hand, and then he steadily improved. In opening the joint the sheath of the tendon palmaris longus was opened and a slight hernia of the tendon occurred, but it entirely disappeared, the tendon assuming its natural position on the healing of the wound. In ten days' time from the last deep probing he was able to sit up a little, and the whisky and quinine were reduced to tonic doses. Marks of mercurial poisoning appearing, carbolic-acid dressing was substituted for the bichloride solution. The healing wound was dressed with carbolized cosmoline, two to forty pure crystals, and later on with oxide-of-zinc ointment. Passive motion was now made for a few minutes every night and morning. And *fifteen weeks after the injury* he was able to go about and attend to his business almost as usual, wearing his arm in a splint of binder's board. For weeks passive motion was continued every other day, accompanied by friction with raw cotton wet with alcohol and massage.

The elbow was exceeding stiff, as also the shoulder-joint, the wrist ankylosed, and thumb almost rigid, with only slight motion of the fingers. The splint of binder's board was abandoned, and the patient instructed how to make frequent motions of all the joints and muscles.

Six months after the accident there is some stiffness or ankylosis of all the joints, but the man can write four pages of legal cap without having to stop to rest, in a fair hand, and he can use the hand in all ordinary work that does not require strength. But he suffers from neuralgia, and is very sensitive to the changes in the weather.

Though nothing new is developed in these cases they do offer to the hasty radical surgeon urgent reason for care in diagnosis, and hope in apparently hopeless cases for the brave conservative.

And the first suggests the desirability of all persons being taught by physicians first, and the young in school and elsewhere, that prime truth in healing processes from all hurts, rest: Rest, first; rest, second; rest, last.

PROF. OSCAR OLDBERG assumed the editorial management of the Pharmacist on January 1st. He is a well-known able writer.

PHILADELPHIA COLLEGE OF PHYSICIANS.

Stated Meeting, December 3, 1884.

A paper was read, by Dr. Edward F. Bruen, on some cases of Disturbance of the Normal Vaso-Motor Tonus. He said, I wish to relate some examples of general anasarca due to vaso-motor lesions, also instances of acute pulmonary congestion and edema, due to the same cause. Some time ago I reported cases of general anasarca due to malarial poisoning. In these the dropsy was attributed directly to depression of the vaso-motor tonus, and was established by excluding other causes of dropsy. From the experiments of Ranvier we are forced to conclude that vaso-motor paralysis is an important factor in the production of anasarca. The anasarca following malarial poison may be due to the action of the poison on the vaso-motor centers, for we often find the nervous system in an impaired condition in malaria. Cases of general anasarca, which I have ascribed to sudden depression of the vaso-motor tonus, have come under my notice. But I have not had the opportunity to make an autopsy on any one of them. A case, however, came under my observation in Dr. R. G. Curtin's ward in the Philadelphia Hospital, and through his courtesy I am permitted to report it.

CASE I. A well-nourished man, aged thirty-eight, was admitted to the hospital October 15th. Prior to October 8th he had been a healthy man, a driver on the street-car by avocation. He had always been used to drinking spirits freely while on duty to counteract the effects of exposure, but he had not been often drunk. However, after an unusual indulgence, he was seized suddenly with edema of the genitals, which, within twenty-four hours, was followed by anasarca affecting the cellular tissues of the abdomen and loins, and finally the limbs became swollen. Associated with the edema was rapid action of the heart with shortness of breath. On the day of his examination in the hospital the tissues already named were very much swollen, and there was the most profound functional disturbance of the circulation. The heart's action was over 220, as counted by both Dr. Curtin and myself. Withal, the facial appearance of the patient was that of robust health, and the cheeks bore a ruddy hue. The systole of the ventricle seemed normal in force, producing a distinct first sound, and a good

impulse could be felt. The physical examination of the lungs revealed only the signs of moderate passive congestion; the liver was normal, and the condition of the urine entirely physiological, as shown by repeated tests. After treatment for two weeks a marked improvement was secured, the pulse fell to 120, the anasarca nearly disappeared, and entire convalescence was expected. One morning on rising from the bed the patient suddenly gasped for breath and fell over on the bed, dead from asystole of the heart. A careful post-mortem revealed slight hypertrophy with dilatation of the heart, which weighed fourteen ounces. There was also slight atheroma of the aorta. The lungs were somewhat congested; brain, on microscopic examination, normal; and the kidneys natural. The liver was slightly cirrhotic, weighing sixty-one ounces. The above insignificant modifications in the tissues were credited to chronic effects of alcohol, and the case appears to me to illustrate vaso-motor dropsy, and to sustain the view that various influences as well as malarial are capable of producing vaso-motor paresis with anasarca.

In acute edema of the lungs, in cases of alcoholic poisoning, the edema may develop in a few hours, due to direct action of the alcohol on the vaso-motor system. It may exist without any inflammatory processes in the lungs or organic heart disease. And differs from pulmonary edema occurring in Bright's disease, scorbutic anemia, etc., because the subjects are not always anemic. Pulmonary edema may occur in old people from lowered vaso-motor tonus associated with catarrhal swelling of the bronchial mucus membrane. The following cases of pulmonary congestion with edema occurred in young people who were not directly subject to any of the above named predisposing causes.

CASE II. Emma E., age thirty-eight. Admitted to the Philadelphia Hospital October 9th. Had been in good health up to within two or three days previous to admission. On examination she complained of dyspnea, and fine crepitant râles were heard all over the lower lobe of the left lung. On the 11th, the same variety of râles were heard over the lower right lobe, and had disappeared on the left side; no dullness over either side of the chest, and respiratory murmur slightly harsh, but normal. No evidence of disease of heart, kidneys, or blood, nor of inflammatory disease of the lungs. Temperature 98° F. These physi-

calsigns continued until the 14th unchanged, except that the râles grew more moist and affected both lower lobes. On the night of the 14th, she was suddenly seized with intense dyspnea and very quickly became livid and unconscious. Physical examination revealed intense pulmonary congestion and edema.

The treatment instituted was hypodermic injection of atropia, at first one one-hundredth of a grain and then one fiftieth of a grain, three injections being given; also two injections of one fiftieth of a grain of strychnia, inside of six hours; together with these measures cardiac stimulants, digitalis, alcohol, and ammonia were freely used, with dry and wet cupping. These measures produced great relief, and in the course of twelve hours the patient was easier and conscious. The treatment by atropia and strychnia hypodermically injected, was continued by Dr. Jenkins *t. d.* during the 15th, and the cardiac stimulation several days. The congestion almost entirely disappeared, and we cherished the hope of an entire convalescence, when on the 19th she had a chill, the temperature rose to 103°, and within two days pneumonic consolidation of the right upper lobe ensued, which proved fatal. An autopsy revealed no lesions save the apex pneumonia in the second stage.

CASE III died in the Philadelphia Hospital, and the notes upon the case have been furnished me by Dr. Mary Farnham, resident physician.

A. J., age fifty, nurse, weight one hundred and fifty. Medium height, well nourished. Habits at times intemperate. For three weeks suffered from slight bronchitis though quite able to attend to work. October 24th, three A.M., patient had a severe chill accompanied by intense pain in the chest, left side, back, and limbs. Chill lasted an hour. At eight A.M. was bathed in perspiration, surface livid, breathing difficult and painful; dullness on both sides, fine moist râles heard over both lungs. No valvular heart disease, but heart-beat feeble. Edema increased from hour to hour; at two P.M. free pinky serous exudation began to ooze from the mouth, at four P.M. lost consciousness, and at six P.M. died cyanosed. On autopsy the only lesion discovered was intense congestion of the lungs.

In both these cases the history of previous alcoholic indulgence was supposed to be the predisposing cause of the vaso-motor lesion, although the patients did not enter the hospital as subjects of alcoholism.

CASE IV occurred in the practice of Dr. Whelen. The patient was a respectable married woman who had been confined to within two months of date of these symptoms. She was supposed to be in good health and attended to her domestic duties on the day of her death. At 10.30 Dr. W. was called to see her, and found her livid, with intense orthopnea, unable to lie down, and a physical examination showed extreme pulmonary congestion of both lungs with numerous râles. The patient expired at 12.30, within three hours of having been taken ill. Autopsy revealed only the signs of pulmonary congestion without a hint as to a primary cause. I incline to think that in this case the neurility of the vaso-motor system had been reduced by lactation.

My view in reciting these cases is to call attention to the importance of recognizing the vaso-motor agencies operating in disease, and also give a plausible explanation for certain cases of anasarca. In the treatment of vaso-motor dropsy strychnia, digitalis, ergot, iron, and zinc are the chief agents; special diuretics may be used as adjuvants. In Graves' disease bromides should be condemned. When there is pulmonary congestion and edema from vaso-motor paresis, strychnia and atropia are indicated. The combination of atropia with strychnia unites the action of two powerful remedies in urgent cases, and together with cupping these measures anticipate the slower action of digitalis.

Lastly, I desire to take this opportunity to observe that in cases of pulmonary congestion with degeneration of the heart and vaso-motor weakness, with or without valvular disease, the association of strychnia with some pure cardiac stimulant such as alcohol is frequently superior to digitalis, because this latter drug seems at times to produce an unfavorable effect. This unfavorable effect well established clinically is difficult to explain, except that the stimulant action upon the heart and pneumogastrics, slowing and steadying the heart, is not associated with corresponding vaso-motor stimulation, and the pulmonary repletion persists. Again, in valvular heart disease the lesion may be so great that too powerful systoles tend to increase pulmonary congestion by forcing the blood in two directions. Thus, the expression that digitalis depresses the heart is sometimes used, and practically such patients are better off without this drug.

J. EWING MEARS, M.D., *Recorder.*

Selections.

OPENING OF MASTOID PROCESS. — Dr. Schwartze, of Halle, at the International Medical Congress (*Annales des Maladies de l'Oreille*), discussed the operation of opening the mastoid cells, and gave the following as indications for operative interference:

1. In acute inflammation of the mastoid apophysis with retention of pus in the bony cells, if, after the application of antiphlogistics and Wilde's incision, the edematous swelling, the pain, and the fever have not subsided.

2. In chronic inflammation of the apophysis, with subcutaneous or subperiosteal abscess, or mastoid fistula, and in this case even when symptoms do not exist of a nature to compromise life.

3. When, the mastoid being normal externally, there exists a cholesteatoma, or a purulent collection in the middle ear, which can not be removed by ordinary methods, and when serious symptoms arise, or if an abscess from congestion is formed in the posterior wall of the auditory canal.

4. The external surface being healthy, and in the absence of purulent collection in the middle ear, if the apophysis is the site or point of departure of headaches intolerable and persisting for a long time, against which other remedies have been employed without effect.

The operation is of doubtful expediency in chronic incurable otitis media, where signs of mastoid inflammation are wanting and there is no retention of pus in the middle ear. The operation is contra-indicated when there is certainty of metastatic abscesses being already formed, or in the presence of a secondary meningitis, or of an abscess of the brain.

Conclusions: (1) The operative opening of the mastoid apophysis is a valuable remedy against some of the gravest and most dangerous diseases of the ear. (2) The danger of the operation should be considered as light in comparison with that of the disease which it is intended to relieve.—*Philadelphia Medical Times*.

APOPLECTIC ATTACKS.—In the discussion of a paper on this subject, read by Dr. Philip Zenner before the Cincinnati Academy of Medicine (Cincinnati Lancet and Clinic), Dr. James T. Whittaker remarked that this subject is always interesting, and sometimes very obscure. Especially is the

prognosis of apoplexy and the differential diagnosis between cerebral hemorrhage and embolism exceedingly difficult. As to the latter point, the age of the patient is the most important factor. Embolism occurs in the young, because in youth the source of embolism is most common. When the patient affected with rheumatism is under fifteen, cardiac complication, with implication of the valves of the heart, is the rule. In age this accident is rare.

Miliary aneurisms, not atheromatous degenerations, are the direct causes of cerebral hemorrhages. Miliary aneurism is not always the result of a periarteritis beginning in the perivascular lymph spaces; often it is an endoarteritis which begins in the intima and extends thence into the muscularis and external coats.

We are indebted to the observations of Charcot and Bouchard for our knowledge of the fact that cerebral hemorrhages are caused by miliary aneurisms. They examined seventy-eight cases, and found this condition in every one. Their method was to wash away the clot by a very fine stream of water, thus dissecting it away gradually and finally revealing the affected vessel.

The hemorrhage may take place very slowly when the onset of the symptoms is neither sudden nor severe, or the rent may be a large one and a great mass of blood be poured out, completely ripping up the brain substance.

As to prognosticating the permanent or temporary character of the resulting paralysis, the most important point would be to determine whether or not the internal capsule is involved. But the clinician is unable to say whether this is the case or not. When the internal capsule is not involved the paralysis is temporary.

The first question which we have to answer is whether the attack will prove fatal in a short time or not? This has been rendered possible by the very careful studies of Bourneville with the thermometer. Any one who has taken the trouble to place a thermometer under the arm, or better, in the rectum, of a patient suffering from a recent apoplexy, has noticed that the temperature always falls at first below normal, as far down sometimes as 95° or even 93°. The longer this subnormal temperature lasts the more doubtful is the prognosis. The prognosis is also doubtful if the reaction is too great, and the mercury mounts far above normal.

The extent and permanency of the paral-

ysis is to be most carefully observed. If it be confined to one of the extremities or to the head, we can locate it in the cortical substance of the brain. Left hemiplegia is known to be more dangerous than right.

The most favorable prognosis is to be made in syphilitic paralysis, because we can control all the manifestations of syphilis by the proper therapy. It can generally be diagnosed without any special history. Aphasia, coming on suddenly and unattended by any other paralysis, is syphilitic. Other paralyzes of syphilitic origin are apt to be attended by sudden and transient attacks of aphasia. Menoplegias are nearly always syphilitic. Syphilitic paralyzes of slow development are preceded by decided somnolence, and are accompanied by vertigo and headaches.

Apoplexies which are caused by embolism are unfavorable, as the cause remains and they are apt to recur. They are to be recognized by a careful examination of the heart, which will be found to show signs of endocarditis.

Finally, we know that cases do recover and recover entirely. This is probably not better exemplified than by the case of the lexicographer Johnson, who, after recovering from a severe apoplexy with aphasia, lived twenty years in full intellectual activity.

It is generally conceded that atheroma does weaken blood-vessels, but, nevertheless, miliary aneurism is always present in cerebral hemorrhages. The arterial sclerosis which often accompanies kidney disease also weakens the arteries. Healthy vessels can not be ruptured by any possible increase of blood pressure, and the fact that so many persons are attacked while they are sitting quietly in their chairs, or even lying asleep in bed, when no sudden increase of pressure could occur, shows that the aneurismal dilations rupture without any increase in the blood pressure.

A CASE OF SEMI-LUXATION OF THE CERVICAL VERTEBRÆ.—C. H., a lad of nine years, was brought to me suffering from the effects of a fall occasioned while playing at leap-frog. While bending his body forward he had been thrown down by the boy vaulting over him, his head having come forcibly in contact with the ground and to one side. I found the neck arched to the left side, and when I touched the spine he screamed and shrank from any further examination. The right side of the neck was

stretched and the head was fixed, and could be moved only with the thorax. I could not detect any protrusion backward. The breathing was hurried but not stertorous. He could not look upward; the face was toward the ground, but not directly to the feet, at an acute angle. I found that the mischief was certainly above the seventh vertebra, probably about the fourth or fifth. The pulse was rapid and the boy perspired freely on account of the dyspnea and was much excited.

Being satisfied of the semi-luxation, I placed the patient in a chair and took up my position behind him. I then placed my hands on either side of the head, over the petrous bone, and raised the head as if to hang him. I then gave a sudden and sharp jerk upward and to the right. There was a slight jar, and the boy immediately shouted out, "I am better." I was at once enabled to incline the head in any direction, and the boy appeared quite relieved. There was some soreness for two or three days, but with the application of an evaporating lotion it passed away. The muscular strain soon passed away too, and he has experienced no subsequent inconvenience. The injury occurred five hours before he was brought to me. There was no paralysis whatever.—*Thomas Pennington Lucas, in the Australasian Medical Gazette.*

VACCINATION AGAINST YELLOW FEVER.—The researches which have, during the past two years, been made by Dr. Domingos Freire, have now reached a new point of departure. This investigator has prepared an attenuated virus with which he proposes to vaccinate individuals with a view to rendering them proof against the occurrence of yellow fever. The Emperor of Brazil, having regard to the alleged innocuousness of the prepared virus, has authorized the practice of vaccination. Dr. Freire has accordingly vaccinated five hundred individuals. Three captains and all the crews of English vessels have been vaccinated with a view of escaping the infection from yellow fever, which prevails at Rio Janeiro. Thus far none of the vaccinated people have been attacked by the disease, and none of them suffered the least inconvenience from the operation. M. Bouley, who gave the facts to the Academie de Medecine, while implicitly believing the above-narrated facts, does not yet implicitly accept the views of Dr. Freire on the micrococcus xanthogenicus.—*Lancet.*

CHRONIC BRIGHT'S DISEASE.—Dr. Hiram Corson, Conshohocken, Pa., in a recent communication to the Medical Times, says that a farmer, forty-six years of age, complained for several months of ailments not uncommon in the beginning of Bright's disease, and finally sent for a physician, who, finding his urine to be very albuminous, put him under the use of the various medicines recommended in that affection. Months passed; the limbs began to swell, and the anasarca was over the whole body. All the usual remedies of the day were applied, but with only the effect of temporary relief at times, to be followed by aggravation of the symptoms. When he was in this deplorable condition I remembered case upon case seen forty or fifty years ago much like this, and proposed that we try the old plan. So we began to give, in pills, one grain of calomel, one of digitalis, and one of squill, three times a day, morphia or chloral, one or both, at night, to relieve pressure and induce sleep. Day after day we went on for two weeks, before the breath announced that the system was affected by the calomel, and all this time there had been no perceptible change save an increase in the quantity of urine. But then all the symptoms showed an amelioration. The medicine was then used or omitted as seemed indicated. The object was to keep the system moderately under the influence of mercury (what an awful word!) but not to push it to heavy salivation (another awful word!) From that time every day showed an improvement—a rapid improvement—in the symptoms. Now, that is just what I will do for the first advanced case of Bright's disease that may come under my care.—*Canada Lancet.*

SIGNIFICANCE OF ALBUMEN IN THE URINE. Clinically the importance of albumen in the urine has undergone considerable modification, as far as constantly being a factor of organic disease is concerned. In truth, it is known that we may have kidney disease minus albumen, and *vice versa*. Johnson, of King's College, London, affirms that "the smallest trace of albumen in the urine is always pathological." It is "the frequently recurring and persistent albuminuria which is found to be sooner or later associated with serious structural degeneration of the kidney." By far the most numerous cases of albuminuria are those occurring in persons supposed to be healthy, but who at some previous period have had attacks of acute

renal trouble. Quasi health with latent disease frequently follows such attacks, and can not be too cautiously guarded. It is interesting to have in view the fact that while urine voided before breakfast, and after a night's rest, is free from albumen, yet after food and exercise it may become abundant. Renal or non-renal albuminuria is the question. It is known that frequently both before and after menstruation, for a few days at least, the urine may contain a small quantity of albumen. Various trivial causes are cited as producing albumen in the urine, and, among others, indiscretions of youth. The absence of constitutional evidences of renal disease, with urine normal in every other particular excepting albumen, would point to a local origin non-renal in character. Albumen under any circumstances can not be too critically examined. In Canada my observation leads me to the belief that the most prolific source of kidney trouble is alcohol; not alcohol in large quantities, but the quiet and regular use in the daily round of life. Many escape this disease, thanks to the power of their kidneys, but on the other hand not a few come to grief. Night micturition is an early indication, and alcohol has actually been found in the urine, having escaped thus from the overcharged system. Albumen is then only sometimes present. Too much stress can not be laid on the power which alcohol exercises on the system, even in moderate form, toward the development of albuminuria.—*Dr. J. A. Grant, in the Canada Lancet.*

CALOMEL IN DIPHTHERIA.—I can safely say that in a bad case of croup, with which I was much more familiar forty to fifty years ago than I have been in later years, I always found calomel a good and useful remedy. I can recall one case, the very worst I ever saw recover, in which death was momentarily expected for three long weary days and nights, when, having given ninety-four grains of calomel, a large, dark-green alvine evacuation was followed by an immediate amendment and cure, and I saw the same infant grow up to be a young woman, dying at twenty-two years of phthisis. But is not mercury supposed to have a peculiar effect in detaching the epithelium of the mucous membrane?

What pleased me most in the history of the cases was to find that in one of them a solution of the bichloride seems to have been used with advantage, for during the last six

months I have treated every case of thrush or muguet, some ten or twelve which came under my care, by brushing the affected part over daily with a solution of the bichloride hydrarg., one grain to the ounce of distilled water. It acts more effectually and is neater in application than the sol. arg. nit. which I have hitherto used.

In a case of typhoid pneumonia in an aged feeble woman I removed by their daily application a thick crust of *cryptogame du muguet* which was fully one eighth of an inch thick. My experience in pure diphtheria has fortunately been very limited, but it strikes me that by the use of Jansen's crystallized pepsine, if so powerful a preparation as is represented be used as a solvent and followed by a solution of the bichloride as a germicide, we would have a useful and neat local application; but I must say later the old rule in prosody—"usus te plura docebit."—*Dr. James Martin, in the London Medical Press.*

WHOOPIING COUGH.—In a clinical lecture (Medical Press and Circular) Dr. Robert J. Lee showed a case in an infant, seven weeks old, in which the disease seemed to have been carried by a third party. A woman whose child was suffering from the disease visited a family in which there was an infant four days old. Exactly ten days from that time the first symptoms of the disease showed themselves. No other exposure could be discovered. Attention is called to the fact that in very young infants the whoop is a very rare symptom, for the reason that such a child can not "vocalize a whoop." Diarrhea as a complication is emphasized. It is usually attributed to other causes than the whooping cough. He has lost all faith in specifics for the disease. For the laryngeal spasm he relies chiefly upon local measures, than which none is better than the inhalation of carbolic acid in combination with oil of pine and compound tincture of benzoni. The bromides and belladonna seem to diminish the paroxysms for a time, but in severe cases no great benefit is derived from them.—*Archives of Pediatrics.*

DR. WILKS brought forward at the meeting of the Pathological Society on Tuesday, December 16th, the account of a case in which intestinal obstruction had been produced by gall-stones. This raised two points of importance: the first as to how the gall-stones reach the intestine, and what part of

the intestine they pass into; the second as to how they cause obstruction. No discussion was necessary to show that in these cases, or in the very great majority of them at any rate, the stone has not passed along the duct, and we are surprised that so many members found it necessary to unburden themselves on this point. As to the exact way in which the obstruction is caused there is more room for doubt. After the narration of Mr. Hulke's case no one can doubt that the obstruction may take place in the rectum, but we should be inclined to think with Mr. Treves, that in the vast majority its seat is in the small intestine, probably by a spasmodic grasping of the stone by the intestine such as he described.—*Medical Times.*

It is stated that a four-per-cent solution of cocaine hydrochlorate, applied with a camel's-hair brush to the nostrils and posterior nares, will benefit acute coryza, relieving the stuffy feeling and opening the nasal passages in a short time. The effect lasts for several hours, when it may be repeated.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes in the Stations and Duties of Medical Officers serving in the Medical Department of the United States Army, January 11, 1885, to January 17, 1885.

Head, John F., Colonel and Surgeon, retired from active service, by operation of law, on January 9, 1885, under provisions of act of Congress approved June 30, 1882. (S. O. 7, A. G. O., January 9, 1885.) *Tremaine, W. S.*, Major and Surgeon, relieved from duty at Fort Porter, N. Y. *Girard, A. C.*, Captain and Assistant Surgeon, ordered for duty at Fort Porter, N. Y. *Appel, D. M.*, Captain and Assistant Surgeon, ordered for duty at Plattsburg Barracks, N. Y. *Girard, J. B.*, Captain and Assistant Surgeon, ordered for duty as Post Surgeon, Fort Schuyler, N. Y. H. *Havard, Valery*, Captain and Assistant Surgeon, on being relieved at Fort Schuyler, authorized to avail himself of leave of absence four months. (S. O. 8, Dept. East, January 12, 1885.) *Bentley, Edwin*, Major and Surgeon, leave of absence extended two months. (S. O. 8, A. G. O., January 10, 1885.) *Elbrey, F. W.*, Captain and Assistant Surgeon, with leave still further extended six months on surgeon's certificate of disability. (S. O. 9, A. G. O., January 12, 1885.)

PROMOTIONS.—Lieutenant-Colonel *John Campbell*, Surgeon, to be Surgeon with rank of Colonel, December 7, 1884. Major *R. H. Alexander*, Surgeon, to be Surgeon with rank of Lieutenant-Colonel, December 7, 1884. Captain *Henry McElderry*, Assistant Surgeon, to be Surgeon with rank of Major, December 7, 1884.

APPOINTMENT.—*Jefferson R. Kean*, to be Assistant Surgeon with rank of First Lieutenant, December 8, 1884.

THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, JANUARY 31, 1885.

Original.

CHRONIC SUPPURATION OF THE MIDDLE EAR.

CARIES OF MASTOID—PERFORATION OF CRANIAL FLOOR—CEREBRAL MENINGITIS—
DEATH—CONSIDERATION OF MASTOID DISEASE.*

BY R. MAUPIN FERGUSON, M.D.

*Surgeon to the Eye, Ear, and Throat Department of the
Louisville City Hospital.*

The following case is an exceedingly interesting one, as it exemplifies the great danger of neglecting a running from the ear:

G. was admitted to the Louisville City Hospital in the stage of collapse from cerebral meningitis, under the care of Dr. J. W. Holland, who has very kindly furnished me with the symptoms during life, and given me permission to report the case. When admitted the patient was suffering from pain in the head, stiffness of the neck, dilated pupils, and convergent strabismus. The temperature was 100°, and the skin covered with a cold sweat. The patient complained of the light hurting his eyes, and noise disturbed him very much. Some questions he answered rationally, but would soon begin quarreling about some imaginary wrongs.

On examining his ears a small quantity of purulent secretion was found in the external canal, and the patient said that the running from his ear "made no difference," as he could not hear a cannon with that ear. Three or four hours after giving this opinion, so unappreciative of the seriousness of the affection, the patient died.

On examining the temporal bone, which has been sawed open for the purpose, it will be found that the mastoid portion has been hollowed out by caries, and also that the

upper wall of the external auditory canal, close to the membrana tympani, has suffered from the same carious action.

The membrane was found perforated with a large opening in the upper part. All the bones of the middle ear were present. The head of the hammer was carious.

At the post-mortem, which was made by Dr. J. B. Marvin, about one or two drams of pus was found beneath the dura mater on the anterior surface of the petrous portion of the temporal bone.

On examining the fresh bone, it was found that the dura mater was softened and detached over an area about the size of a quarter of a dollar, and the bone directly under this portion of the dura mater was of a greenish color and so soft that with the handle of the scalpel it was easily crushed away, making an opening into the external auditory canal close to the membrana tympani. The upper wall of the external auditory canal at this place forms part of the floor of the cranial cavity. The pia mater was congested, slightly opaque, and adherent over many parts of the base of the brain.

There is no doubt that the origin of all this trouble was a purulent inflammation of the middle ear, as is indicated by the fact of the membrane being perforated, the malleus being carious, and by the presence of pus in the tympanic cavity at the post-mortem. Still, it is possible that the trouble may have originated in a primary mastoid or external canal trouble, but caries of these parts as a primary affection is a very rare occurrence. Cases of mastoid trouble almost invariably have their origin in inflammation and suppuration in the middle ear, extending into the mastoid cells by way of the openings which normally exist in the post. tympanic wall. Pus, once finding an entry into the mastoid cells, sinks down below the opening leading from the tympanum so that there is no possibility of its making

*Read before the Louisville Medico-Chirurgical Society, January 9, 1885. For further reference to this case, see page 76.

an exit except by necrosis, unless it be in such small quantity that it may be removed by fatty degeneration and absorption.

The usual symptoms of mastoid trouble are that after a running from the ear has existed for some time, varying from a very few days to many years, the most excruciating pain occurs in the mastoid process, which may, however, be reflected to other parts, or at least be most prominent in other regions, as in the occiput or over the vertex, etc. In addition to the pain, there is generally much heat, redness, and edema. These symptoms vary, however, in individual cases greatly with regard to their severity. The symptom of great pain in the mastoid, with much redness, heat, and edema, form the picture of mastoid disease.

When such cases come under observation various conditions may be present. We may find a fistulous opening over the mastoid or other part of the cranium connecting with the mastoid cells, abscesses may occur about the ear, deep down in the neck, or over the occipital region, or we may find, on inspecting the external auditory canal, a granulating area on the upper or posterior wall, at the bottom of which may be found rough carious bone. More generally, however, we merely find the symptoms above enumerated in conjunction with a perforated membrane and suppurating middle ear.

It is a matter of vital importance that the condition be promptly recognized, and means taken at once for the evacuation of the pus, for, though the condition may exist for some time without doing much harm, still death may take place in a very few hours.

When such symptoms present themselves the Wilde incision should at once be made. This is a deep incision, about one half of an inch behind the ear, down through the periosteum to the bone. When there is much edema, the incision must at times be surprisingly deep. Very frequently this simple procedure, followed by bathing with warm water to encourage the bleeding, acts like magic, so that the patient who has rolled and tossed without rest for days and nights will get a good sound refreshing sleep. Cases relieved by the Wilde incision are most probably cases of periostitis, but the symptoms of the two affections are so similar that the incision should as a rule be resorted to before the trephining.

After making the incision, rough denuded bone should be sought with the probe, and if any be found it should be carefully removed, or if a fistula leading into the mas-

toid be found it should be sufficiently enlarged to allow a free exit to the pus, and a drainage-tube inserted and allowed to remain. Even when no pus and no denuded bone are found, the removal of tension is often sufficient to procure almost instantaneous relief from the terrible pain. In addition to this, a poultice may be applied over the mastoid.

In case no relief, or only slight benefit, is gained by this procedure, or in case the Wilde incision should give but temporary relief, the trouble recurring again and again, the mastoid must be opened at once, for there is much danger in delay.

Whenever a fistulous opening is present, it is only necessary to enlarge this and give free vent to the pus. When no fistula is present an opening must be made behind the external canal. An incision should be made down to the bone about a half inch behind the attachment of the auricle. Some authorities recommend the denudation of the mastoid to a large extent, so that the relations of the parts concerned may be the better perceived. Schwartze, who has had more experience with this operation than any one else, advises the opening to be made "at the level of the external canal and slightly behind the attachment of the auricle." Feeling over the external surface of the mastoid, a slight depression is perceived, into which the finger falls. This is situated just below the temporal ridge (which here is a continuation of the post-root of the zygoma), being bounded above by the temporal ridge, and below by the mastoid. This is the most appropriate point for opening the mastoid. It is about one half centimeter (one sixth inch) below the temporal line, and a little farther back of the external meatus. The instrument should be directed downward, forward, and inward, in the direction of the axis of the petrous portion of the temporal bone. If the instrument go too far back the lateral sinus may be opened; if it be too high, the membranes of the brain are endangered, and if it go too deep the horizontal semicircular canal and the facial nerve will be destroyed.

There is quite a wide variation in the relations of the different parts of the temporal bone and the important organs, vessels, etc., which are endangered in this operation, so that there is ever some danger attached to the operation, and it should always be conducted very slowly, with frequent removal of the instrument to see how much progress has been made and to be certain of the direction.

Some operators use drills, some chisels of various kinds, and some small trephines. Schwartze gives the average duration of cases treated by opening the mastoid as nine or ten months in old cases and six or seven in new cases. After the mastoid has been opened it must be gently cleansed by syringing with lukewarm water containing a small quantity of salt (3j to aq. Oj), as pure water is somewhat irritating to the mucous membrane. Generally in a few days, if not at once, the water will be found to pass through the Eustachian tube.

In many cases death can be prevented by the timely performance of this operation, and the disease of the mastoid, and even of the petrous portion of the temporal, may be cured, though the hearing is in many cases necessarily completely destroyed.

If, after passing to the depth of six or seven lines (two centimeters), no pus is found, it is recommended to stop the operation, though in some cases the artificial canal has been extended inward nearly an inch (Ambrose) and finally pus obtained. It has been found, however, that even where no pus is obtained the operation has a decidedly favorable effect. In the cases operated on by Schwartze he obtained 70 per cent cures, 10 per cent improvement, and 20 per cent ended in death.

The amount of caries can rarely be satisfactorily determined during life, for it is quite possible for only a small carious spot to be discoverable, and still the bone may be very extensively involved. Pomeroy reports a case in which almost the entire temporal bone became detached and was removed, the patient recovering, but necessarily with the loss of hearing and paralysis of the seventh nerve. Numerous cases have been reported where parts of the bony labyrinth have been discharged through a fistulous opening or extracted through the auditory canal.

A matter of prime importance is the prevention of mastoid trouble, and the most efficient means at our service are cleanliness and drainage. The pus must be removed from the middle ear. This may be done by means of syringing the cavity from the external canal, or by washing out the cavity through the Eustachian tube. A very valuable means of cleansing the tympanum is the forcing of air into the middle ear through the Eustachian catheter, or by Politzer's method. If the perforation be very small, or if it be unfavorably situated, as in the upper segment (as was the case in

the patient at the Hospital), a large free incision should be made in the drum membrane in the lower and posterior segment, so as to give a free vent to the pus. In addition, appropriate treatment must be directed to the pathological condition dependent on the character of the affection and various other circumstances.

In general, the most effective methods of treating old cases of purulent middle-ear trouble are the use of a solution of nitrate of silver, increasing it gradually from ten grains to the ounce to sixty, one hundred and twenty, or even greater strength in rare cases, the boracic-acid treatment, and treatment by rectified spirits.

All such affections require the closest and most constant attention, and the patient should be informed with regard to the various complications which may arise, so that they may understand the seriousness of the affection and be on the lookout for untoward symptoms, that timely aid may be administered and death from a "simple running from the ear" be prevented, for such a termination stands ever as a threat. The statement of Wilde that "SO LONG AS A RUNNING FROM THE EAR IS PRESENT, WE CAN NEVER SAY HOW, WHEN, OR WHERE IT WILL END, NOR TO WHAT IT MAY LEAD," should be committed to memory by every practitioner of medicine, as well as by every patient suffering from purulent middle-ear disease.

LOUISVILLE, January 8, 1885.

Miscellany.

DRS. KOCH AND KLEIN.—According to the Calcutta correspondent of the Times, the Indian Gazette of Saturday last contains a further addition to the literature of the cholera in the shape of a short paper by Dr. Klein, throwing fresh discredit on Dr. Koch's comma-bacillus theory. Dr. Klein examined three houses in Calcutta wherein a severe outbreak of cholera had occurred in November. He found that all three were supplied with good water. At some distance from these houses, and never used by their inhabitants, were three tanks full of dirty water, containing the comma-bacilli in large numbers. Various families lived in the huts round these tanks, and used their water for washing and drinking purposes; yet only one case of cholera had occurred among them in November. In

the present state of the question, of course, every piece of fresh evidence is of importance; but, in justice to Dr. Koch, we must say that the new discovery has little more weight than the fact that Dr. Klein is still alive after swallowing "a microbe." Dr. Koch's position, which we think has yet to be proved, is "no cholera without a comma-bacillus;" but we have never understood him to claim the converse, "no comma-bacillus without cholera." Even Dr. Koch does not deny—in fact he makes much of—the predisposing causes of cholera—*Medical Times and Gazette*.

A LABORATORY DESTROYED.—On Monday, the 8th inst., the large building at Yonkers, N. Y., occupied as the pharmaceutical and chemical laboratory of Reed & Carnrick, and of the New York Pharmaceutical Association, was entirely destroyed by fire, as was also a very large proportion of the stock on hand.

It is supposed that the entire loss will be from \$30,000 to \$40,000 beyond insurances on the entire property and stocks.

Meanwhile another building has been secured, and machinery and apparatus are already being put in position. The stock destroyed will soon be replaced, and the firms will be able to fill orders with their usual promptness and to the full satisfaction of their customers.

DR. HENRY J. GARRIGUES, in the New York Medical Journal, speaking of the treatment of puerperal peritonitis says: At the beginning of the disease I wash out the uterus once thoroughly in order to remove what septic material might be found there. After this if there is any fetid discharge vaginal douches are used every three hours. Two large rubber ice-bags are placed on the abdomen and kept well provided with ice. But the chief remedy is opium. This is preferably given by the mouth, in one eighth to one-fourth-grain doses, frequently repeated so as to keep the patient free from pain. Brandy and whisky are also used freely to counteract the effect of the ice and the opium. As to diet only milk and beef tea are given. The bowels are usually left undisturbed; though at times if thought best an enema may be given.

THE "INDEX MEDICUS."—The following notice, addressed to the subscribers to the Index Medicus and signed by the editors, accompanies the annual index, which com-

pletes the sixth volume of that publication: "Notice.—With this issue, containing the title-page and annual index of volume vi, the Index Medicus will cease to be published. During its six years' career it has been supported by its especial friends with a generosity perhaps unparalleled in the history of medical journalism. The publisher, the late Mr. Leypoldt, notwithstanding a heavy loss at the outset and a but slowly diminishing annual deficit, maintained the undertaking with characteristic spirit and zeal. His successors, who are managing his estate and business enterprises, have made strenuous efforts to place the Index Medicus on a self-supporting basis, remembering with what particular favor Mr. Leypoldt regarded it. Their latest effort has been unsuccessful, and the few additional subscriptions which were required have not been obtained. The time has come, therefore, when neither zealous friends nor generous publishers can be allowed to make further efforts or sacrifices, and the publication is discontinued. Whether it will, in some other shape, or under some other auspices, again appear, is for the future to decide."

"PRACTICE LIMITED."—The Journal of the American Medical Association has gone so far as to declare it allowable for a physician to announce on his card "practice limited to such and such diseases." It is satisfactory to learn that "this view has not been generally accepted," for its general recognition would probably result in the establishment of co-operative medical firms, in which "our Dr. So-and-So" would undertake the gastric department, while Professor Some-one-else would attend solely to the pulmonary customers, and the subdivision of labor, running riot, would score the grooves of specialism so deeply that the practitioners of the various divisions of their art would, in the prosecution of their isolated labors, ere long sink out of each other's sight and consciousness.—*Medical Times and Gazette*.

THE ABUSE OF ALCOHOLIC LIQUORS.—The German Society of Public Hygiene has recently made this the topic of a prolonged discussion. (New York Medical Journal). Herr Mehlhausen, who closed the debate, referred to the extended observations made in the Prussian army with reference to the utility of serving rations of schnapps to soldiers when in active service. The experiment had been thoroughly tried

by the army surgeons, with the result of their abandoning spirits for tea and coffee. It was further stated that the majority of cases of frost-bite and sun-stroke in campaigns were among those who were addicted to strong drink.

IRRIGATION IN THE TREATMENT OF PURULENT OPHTHALMIA.—Edgar A. Browne presented to the British Medical Association, a description of which is found in a recent number of its Journal, an instrument for treating purulent ophthalmia by means of irrigation. The instrument resembles an ordinary lid-elevator made of hollow tubing. The blade that passes under the lid being perforated by small openings. It is connected with a reservoir containing water, and then placed in position. By this means the cul-de-sac is kept clean and free from pus. This is the great desideratum in the treatment of these cases.

THE violent anti-vivisectionist, Ernst Heinrich von Weber, has recently been sentenced to eight weeks' imprisonment. In the journal entitled *Der Thier und Menschenfreund*, of which he is the editor, he published, under the heading "Vivisection of a Man," a statement that about eight years ago a Jewish physician of Osnabrück had made a post-mortem examination of a man while only apparently dead, and therefore had performed vivisection on him. Dr. Pelz, who had performed the post-mortem in question, summoned him before a court of justice with the above result. A clergyman of Munster, also, who was the author of the article, was sentenced to six weeks' imprisonment. — *Medical and Surgical Reporter*.

BOGUS MEDICAL DIPLOMAS.—Dr. John Buchanan, who became notorious some years ago by issuing bogus medical diplomas, was again arrested in Philadelphia on January 20th, together with a woman calling herself Dr. Rebecca Russell, who claims to be Buchanan's business partner. Buchanan is charged with having again issued bogus diplomas since his release from prison, and further with forgery, in having subscribed the names of some of Philadelphia's most prominent physicians to his bogus sheep-skins in order to enhance their value.—*Medical Record*.

A CONTEST over the will of the late Prof. William Darling is expected. A will dated

April 27, 1881, leaves the property to Amelia Delacroix, of Yonkers, "an esteemed and valued friend." A second will, it is claimed, was made on June 25, 1883, leaving the property (or part of it) to the New York University Medical College. A third claimant is a Mrs. Catherine Lefferts, who asserts that Prof. Darling was at one time married and had children, of whom she was one. A fourth claimant is Mr. John Darling, of Burlington, Iowa, an alleged brother.—*Ibid*.

MULTIPLE PUNCTURES IN THE TREATMENT OF VASCULAR HYPERTROPHIES OF THE NOSE.—J. Herbert Stoner, in the British Medical Journal, recommends multiple punctures in the treatment of vascular hypertrophies of the nose. He reports three cases permanently improved. He uses an instrument which has a number of small steel blades. From one to three drams of blood are extracted at each sitting. The parts are covered with vaseline to afford protection.

NEW YORK ACADEMY OF MEDICINE; NEW OFFICERS.—At the annual meeting, held January 15th, the following officers were elected: Dr. A. Jacobi, President; Dr. C. C. Lee, Vice-President; Dr. L. Elsberg, Corresponding Secretary; Dr. A. L. Loomis, Trustee; Dr. A. S. Hunter, Member of Committee on Admission; Dr. F. R. Sturgis, Member of Committee on Medical Education; Dr. A. H. Smith, Member of Committee on Ethics; Dr. E. D. Hudson, Member of Committee on Library.

THE VALUE OF EXPERT TESTIMONY.—Medical expert (on the witness stand): "No, sir, it would have been impossible for the accused to quietly think out his plans for committing the murder while walking on Broadway." Counsel for the defendant: "State why, doctor." Medical expert: "Because Broadway is the main artery of the city, and my professional skill teaches me that a quiet vein of thought on a main artery is paradoxical and absurd."—*New York Times; Record*.

ACCORDING to the Commissioner of Education, General Eaton, there were eight thousand six hundred and eighty-one medical students in this country in 1873, and fifteen thousand one hundred and fifty-one in 1882. The medical schools increased during the same period from ninety-four to one hundred and thirty-four.

CIRCUMCISION WITH COCAINE AS THE ANESTHETIC.—Prof. Wylie, of New York, reported recently that he had just circumcised a boy while the penis was under the influence of this drug. He used a four-grain solution in which he bathed the prepuce, and he also injected it between the glans and prepuce. Giving it a few minutes to absorb, he then performed the operation. He stated that the boy talked and laughed during the operation.

REPORTED APPEARANCE OF CHOLERA IN ST. LOUIS.—Two persons are reported to have died of cholera this week in St. Louis. It is not possible to say as yet that these were cases of genuine epidemic cholera. It is greatly to be regretted that our health authorities still have no experts qualified to interpret the significance of the bacilli found in alleged cholera cases.—*Record*.

DEATH FROM ETHER.—A case of death during the administration of ether is reported in the Australasian Medical Gazette, Nov. 15th. The anesthetic was given for the purpose of diagnosing an injury involving the hip-joint. It proved to be an intra-capsular fracture. On post-mortem examination there was found fatty degeneration of the heart, also a large biliary calculus.

FOR BLEEDING HEMORRHOIDS (Medical World):

R Pulv. aluminis, ʒ ij;
 Pulv. camphoræ, } aa ʒ j;
 Pulv. opii, }
 Unguenti, ʒ j.
 M. Sig: Make ointment.

DR. LOUIS A. DUHRING reports, in the January issue of the American Journal of Medical Sciences, a marked example of what he has described as dermatitis herpetiformis. The history of the case, including the cause of the disease—a violent shock to the nervous system—is both interesting and instructive.

THE British Medical Journal says that Dr. Engel, the physician to the sanitary legation at Cairo, has found but little difficulty in demonstrating the presence of the *spirochæta obermeyerii* in cases of relapsing fever.

APOMORPHINE IN NERVOUS AFFECTIONS. Dr. Weill (*Lyon Méd.*) has used this drug in several cases, and summarizes his results

as follows: The hydrochlorate given hypodermically, in doses of from one thirtieth to one tenth of a grain, has a favorable action in various spasmodic affections, such as obstinate hiccough. It also acts well in cases of a convulsive character, such as epilepsy and chorea. By using the drug carefully the sedative effects may be produced without the nauseating action.—*N. Y. Medical Journal*.

LAPAROTOMY.—We understand (Weekly Medical Review) that Dr. Sutton, of Pittsburgh, recently did a laparotomy for an old fistulous opening into the bowel due to an operation for hernia. A median incision was made and the gut resected. The part of the bowel below the fistula was found so much reduced in caliber that he was compelled to resect a considerable portion.

A **PARISIAN** jeweler has been fined 50 francs for homicide through imprudence, and ordered to pay 150 francs damages to the parents of a child whose death he had caused by piercing its ears for earrings too high up, the operation having been followed by inflammation.

MRS. LOUISA R. STOWELL of Ann Arbor, Mich., and connected with the University of Michigan, is one of the best microscopists of our country. Her peculiar talent and genius have been recognized by her recent election as a Fellow of the Royal Microscopical Society of London.

THE RETIREMENT OF FRENCH PROFESSORS. A bill has been passed by the French Chamber providing for the retirement of professors at the age of seventy; the Minister of Public Instruction retains the right of retiring any professor before that age whose teaching is not abreast with the times.

DR. JAMES DUNN, one of the prominent physicians of Virginia, died in Petersburg, January 19th, after a lingering illness, aged fifty-four years. During the late war he was one of the leading surgeons in the Confederate Army.

RESORCIN AS A HYPNOTIC.—Andeer (*Prager med. Wochenscher; Centralblatt f. klin. Med.*; New York Medical Journal) calls attention to the fact that pure resorcin, in carefully regulated doses, possesses valuable hypnotic properties. He has employed the drug in several cases, with good results.

The Louisville Medical News.

Vol. XIX. SATURDAY, JANUARY 31, 1885. No. 5

H. A. COTTELL, M.D., - - - - - Editor.
J. MORRISON RAY, M.D., - - Assistant Editor.

COLLABORATORS:

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J. A. OCTERLONY, A.M., M.D.

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MASTOID DISEASE.

Elsewhere in this issue will be found an interesting article, by Dr. R. M. Ferguson, which sets forth in unmistakable terms the importance of the early recognition and prompt treatment of a purulent discharge from the ear. It can not be denied that the profession in general, and through its influence the laity, attach too little importance to a suppurating ear. In studying the anatomy of the tympanic cavity, one is impressed with its close proximity to certain vital organs, the peculiar construction of its walls, and the absence of natural means for drainage should suppuration occur. That meningitis may follow rapidly upon a primary acute suppuration in the middle ear has been established beyond question by clinical and post-mortem observation.

In these cases the disease may be transmitted directly to the membranes of the brain through the tympanic roof, or a metastatic abscess may form in the brain substance. It is also maintained by Toynbee that fatal cases are sometimes seen, in which death seems to have resulted from a general cerebral irritation rather than an inflammation, since the only lesion reveal-

ed by the autopsy is an intense hyperemia of the meninges.

Another point of interest is that in acute suppuration of the middle ear diseases of the mastoid bone rarely occur, while inflammation of its periosteal covering is common, the inflammation extending along the periosteum lining the external auditory canal as far as the junction of the bony with the cartilaginous meatus, and thence by continuity of structure to the periosteum of the mastoid prominence. It seems not unreasonable to account for this fact upon the theory that inflammation in the tympanic cavity may so swell the mucous membrane as to occlude the foramina which lead into the mastoid cells and prevent the passage of pus into these cavities. In this way may the purulent matter be imprisoned within the tympanic cavity until destructive inflammation through the membrana-tympani or some one of the bony parietes releases it. Chronic suppuration of the middle ear is, therefore, of more serious import than the acute, since, as in the case reported by Dr. Ferguson, it may at any time give rise to disease of the mastoid cells, caries of the middle ear, or the bony canal.

It is a matter of common observation that a person may live from youth to age with a chronic discharge from the ear; but it is nevertheless true that he carries with him a lesion which, by slight extension, may at any time cut short his career. This, of course, would materially influence an opinion as to the probable tenure of life in a person otherwise sound, and its bearings upon the prime question in life insurance are significant in high degree.

A prognosis of certainty could not be made in any case, even by an expert, and the refusal of some English companies to take risks upon the lives of persons affected with chronic suppuration of the middle ear is at least wise conservatism. As clinical proof to the point accumulates, it is probable that our own leading companies will act in like manner.

Complications in chronic suppuration of the ear are generally brought about through neglect on the part of the patient or his physician, or a failure of the latter to comprehend the indications for treatment.

Dr. Ferguson properly emphasizes the importance of a searching examination in every case of suppurative middle-ear disease, that the diagnosis may be clear and the great desideratum in treatment, free drainage, promptly secured. For, if the opening in the tympanic membrane be too small, or situated in its upper part, the pus will fail of free exit and accumulate to the prejudice, if not to the peril, of the patient.

When evidences of mastoid disease exist, or in any case if there be pain radiating from this region, and the usual remedial measures have failed, the indication is to operate, unless, as has been shown by Schwartz, there is already evidence of metastatic abscess or a secondary meningitis; under these conditions the operation is contra-indicated. It will be noted that these symptoms were present in Dr. Ferguson's case when first seen by the physicians, but it is not improbable that had it been taken in hand before the development of cerebral complications, the patient impressed with the gravity of his complaint, and a free outlet given to the pus, his life would have been saved.

From the notes of thirty-seven cases of mastoid disease collected by Buck, and treated without opening the process, thirty-four proved fatal; on the other hand, of thirty-five cases reported elsewhere, in which the operation was performed as soon as mastoid symptoms were manifested, but four were fatal.

An interesting form of mastoid disease is that described by Schwartz as osteo-sclerosis. It generally results from a long-standing catarrh of the lining of the mastoid cells, resulting in thickening of the mucous membrane and proliferation of the epithelium with cheesy accumulations. He has operated in a number of cases of this kind with excellent results, the chief symptom

being pain radiating from the mastoid. Greuning, of New York, has also opened the mastoid in these cases with good results. We remember to have seen him operate on three cases of mastoid disease during one afternoon at the Mt. Sinai Hospital. In one of these the chief symptom was a severe headache centering in the mastoid region. All ordinary remedies had failed to relieve the pain. The result was in every way satisfactory.

In some cases accompanied with a discharge from the ear the symptoms may be misleading, but the presence of pus in the middle ear will assist materially in forming a conclusion.

A case to the point is reported by Dr. Tilden Brown in the Archives of Otolaryngology, and referred to by Dr. Roosa in the new edition of his great work on the Ear. This case was under the care of Drs. Roosa and Ely, at the Manhattan Eye and Ear Hospital, New York. The patient had intense pain in the occiput, which medicines would not relieve. The mastoid was opened and an accumulation of pus evacuated, with prompt disappearance of this symptom.

That caries and necrosis of the temporal bone will take place in any great number of cases of suppurative middle-ear disease can not be admitted, but that these complications are of such frequency as to bespeak for the primary affection more thoughtful attention than it has hitherto received in general practice, is a fact of easy demonstration. The importance, therefore, of the prompt recognition and intelligent treatment of all cases presenting signs or symptoms of middle-ear disease can not be overestimated.

THE LOUISVILLE MEDICAL SOCIETY met on the 29th inst. The leading speaker was Dr. Ap Morgan Vance, who reported several cases in which malaria had complicated the healing process after surgical operations. Some of the cases were remarkable. The paper, with a report of the spirited discussion to which it gave rise, will appear in an early issue of this journal.

Bibliography.

The Diagnosis and Treatment of Chronic Nasal Catarrh. Three Clinical Lectures delivered at the College of Physicians and Surgeons, New York. By GEORGE MOREWOOD LEFFERTS, A. M., M. D., Professor of Laryngoscopy and Diseases of the Throat in the College of Physicians and Surgeons, etc. Reprinted from the Medical News, of Philadelphia, April 26 and May 3, 1884, and from the American Clinical Lectures, Vol. II, No. vi. St. Louis: Lambert & Co. \$1.00.

To the specialist and general practitioner alike, this elegant little book will prove attractive. The first lecture is devoted to the examination of patients. The importance of a careful anterior and posterior rhinoscopic inspection of the diseased parts is emphasized. "This," the author says, "is obtainable by the exercise of a moderate amount of intelligence." He dwells on the fact that cases occur in which it is impossible to make a thorough examination at the first visit, but by perseverance and repeated manipulation the parts become habituated to the presence of instruments. The most frequent causes of failure in the use of the rhinoscope are noted as follows: "A long, hard palate, which approaches so near the pharyngeal wall that no practical space is left in which to use the mirror; a long, broad, soft palate, a long uvula, and thus a short distance between these and the posterior pharyngeal wall. This can be overcome by the palate-hook. A drawing up of the velum and uvula tightly against the wall of the pharynx; this can be overcome only by persistent efforts at breathing through the nose."

In chapter second the author speaks of the different forms of rhinitis. The importance of recognizing the different stages, in order that an intelligent prognosis may be given and the proper treatment instituted, is emphasized. The treatment is laid down in chapter third. The essential principle in this is cleanliness with the application of some agreeable and efficient antiseptic. A simple jet of an alkaline solution, or the following, he recommends highly:

R Sodii bicarbonatis,	} aa 3ss;
Sodij boratis,	
"Listerine,"	
Aquæ ad.,	
	3j;
	3iv.

The author believes that sodium chloride does more harm than good in this disease. With this we can not agree. Cases of chronic rhinitis often derive great benefit from a simple solution of salt (3j to Oj).

For the removal of intra-nasal hypertro-

phies, Dr. Lefferts employs nitric acid. We have found chromic acid less painful and more easy of application. The book abounds in illustrations of instruments, with a few cuts which show the pathological changes in "chronic nasal catarrh." They are exceptionally clear in delineation, and beautiful in execution.

J. M. R.

Text-Book of Medical Jurisprudence and Toxicology. By JOHN J. REESE, M. D., Professor of Medical Jurisprudence and Toxicology in the University of Pennsylvania, Vice-President of the Medical Jurisprudence Society of Philadelphia. Philadelphia: P. Blakiston, Son & Co. 1884. Price, cloth, \$4; sheep, \$5. For sale by John P. Morton & Co.

This book is an admirable working manual for the general practitioner, and so written as to render the much-neglected subjects of which it treats easy and interesting to the student of medicine. It is an octavo of 601 pages, and deals briefly but ably with almost every essential point embraced in the department of jurisprudence and its sister science, toxicology.

The author's classification is to be especially commended, while his captions are so abundant and suggestive that the reader may turn in a moment to any topic upon which he may desire information.

The jurisprudence of the work has been sifted from many voluminous stores of material, with the elimination of much chaff and the loss of few if any grains of truth. In toxicology Dr. Reese is quite at home, and adds to his rich store of borrowed information the fruits of much original study, experiment, and discovery. His methods of testing are simple, practical, and sufficient for the chemist, while he unfolds the clinical history of cases of poisoning, and sets forth the points of diagnosis direct and differential with the skill of a wise and experienced clinical teacher.

In the matter of antidotes the author is somewhat too conservative, and slights some items of acknowledged value. A few instances to the point may be worthy of a passing mention. One is a failure to state the exact dose of atropia which it is safe to give in a case of opium poisoning and the number of times it should be repeated. Upon this point he says (the symptoms being manifest): "Atropia should now be carefully administered hypodermically every half hour, watching its effect upon the pupils." It will be conceded that this direction is sufficient for the experienced thera-

peutist, but for the student or the young doctor with his first case the direction is too brief and general by far. Atropia is competent to do more harm than good when injudiciously or ignorantly exhibited in opium narcosis, and text-books for the student should contain most accurate and specific directions upon this point.

A second point is the author's failure to mention the copper treatment of phosphorus poisoning. For, whatever may be the differences of opinion as to the propriety of administering this drug in minute doses frequently repeated in a given case, there is every scientific warrant for giving sulphate of copper the preference as an emetic to one who has swallowed phosphorus.

Similar objections might be made to the author's suggestions as to the treatment of poisoning by atropia, wherein he fails to avail himself of the antagonism to this alkaloid of eserine and pilocarpine, but it is possible that he is conservative here for reasons satisfactory to himself, and if so his opinions are worthy of respect.

We have felt it our duty to indulge in these mild strictures in view of the importance of the subject, but at the same time we assure our readers that they weigh but a trifle against the general excellence of the work. A better book of its kind has not come from the press, and no student or physician can afford to neglect it.

Doctrines of the Circulation. A History of Physiological Opinion and Discovery in regard to the Circulation of the Blood. By J. C. DALTON, M. D., Professor Emeritus of Physiology in the College of Physicians and Surgeons, and President of the College. Philadelphia: Henry C. Lea's Son & Co. 1884. For sale by John P. Morton & Co.

This charming book may be looked upon as an *étude de récréation*, the first fruits of that leisure which his recent withdrawal from active professorial work has secured to its distinguished author.

The announcement of the retirement of Professor Dalton from the chair of physiology in the College of Physicians and Surgeons, some two years since, was generally esteemed a loss to science and American medicine; but, if this learned and classic writer shall continue to employ his leisure hours in supplying the profession with such books as the volume under notice, the event will be accounted a blessing by every physician of taste and culture.

The doctrines of the circulation constitute a most attractive theme, and have done more for the development of modern physiology, and through it of modern medicine, than aught else in the wide domain of science.

In the present volume the author, like a historical Darwinian, traces his subject from the remote guesses of Aristotle down through all the hints, discoveries, and developments of subsequent classic and mediæval times until it stands out as a verity under the hand of the great Harvey. In the pursuit of so pregnant a theme he touches upon well-nigh every phase of medical thought which history has preserved for us, and, bringing to the work a profound erudition with a mind thoroughly disciplined by life-long original scientific investigation, his book has over and above the major topic of discussion a peculiar worth and charm to the student of general medical history.

The text of the book is characteristic and in its author's best style. The main part of the volume is not encumbered with tedious foot-notes and long quotations, but such quotations from the writings of the fathers (with special analyses of their views) as are necessary to a full comprehension of the subject may be found in a well-arranged appendix. The authors are quoted in their original tongues, but with a clear English translation in the majority of instances.

Hooper's Physician's Vade Mecum. A Manual of the Principles and Practice of Medicine, with an Outline of General Pathology, Therapeutics and Hygiene. Tenth edition. Revised by WILLIAM AUGUSTUS GUY, M. B., Cantab., F. R. S., and JOHN HARBY, M. D., London, F. L. S., Volume II. (Wood's Library of Standard Medical Authors, 1884.) New York: Wm. Wood & Co., 56 and 58 Lafayette Place. 1884.

The merits in general and particular of this classic work were laid before our readers in a review of the first volume. For the second, it may be sufficient to outline its scope with a few passing comments.

The volume numbers 364 pages, and treats with singular fitness the following topics: Diseases of the Nervous System; Diseases of the Organs of Circulation, Respiration, Digestion, and Abdominal Viscera; Diseases of the Urinary Organs; of the Organs of Generation; of the Organs of Sense; Diseases of the Skin and its Appendages; Parasitic Animals; Poisons and their Antidotes; Classification of Remedies; Formulæ, and a Glossorial Index.

What was said in favor of the first volume may be repeated with emphasis on perusal of the second. The work is essentially a practice of medicine, and though slighting in detail some topics which can be treated only in voluminous works, it lays before the reader the essentials of general medicine with many facts which otherwise could be unearthed only, through long painful research. The work also contains many suggestions as to diagnosis and treatment which were peculiar to its wise, learned, experienced, and gifted author.

Surgical Delusions and Follies. A Revision of the Address in Surgery, for 1884, of the Medical Society of the State of Pennsylvania. By JOHN B. ROBERTS, A. M., M. D., Professor of Anatomy and Surgery in the Philadelphia Polyclinic, etc. Philadelphia: P. Blakiston, Son & Co. 1884. For sale by John P. Morton & Co.

This little book is the address in surgery for 1884, delivered at the regular annual meeting of the Pennsylvania State Medical Society. The sharp animadversions and judicious suggestions couched in this well-written essay, which call for the discontinuance of many cherished devices and for reform in many operative procedures, created something of a sensation at the time of its delivery.

In the present volume the original text has been rendered more accurate and authoritative by careful revision, and the book properly takes rank among the substantial contributions to the surgery of the past year.

The author here takes a step, and a long one, in the direction of reform, and his position is worthy of the respectful attention of the profession.

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Wood's Library of Standard Medical Authors. 1884. The Therapeutics of the Respiratory Passages. By Prosser James, M. D., Lecturer on Materia Medica and Therapeutics at the London Hospital Medical College; Physician to the Hospital for Diseases of the Throat and Chest; Corresponding Member of the Academies of Medicine of Lyons, Madrid, and Barcelona, etc. New York: William Wood & Co.

Wood's Library of Standard Medical Authors. 1884. A Manual of the Medical Botany of North America. By Laurence Johnson, A. M., M. D., Lecturer on Medical Botany, Medical Department of the University of the City of New York; Fellow of the New York Academy of Medicine, and of the New York Academy of Science, etc. New York: William Wood & Co.

The Oleates and Oleo-Palmitates in Skin Diseases. By John V. Shoemaker, A.M., M.D., of Philadelphia, Penn., Physician in charge to the Philadelphia Hospital for Skin Diseases, etc. [From the Transactions of the Pennsylvania State Medical Society.] Detroit: Geo. S. Davis, Medical Publisher. 1883.

Condensed Monthly Statement of Mortality in the City of Nashville, Tenn, for the month of December, 1884. Accompanied by the daily Meteorological Observations, furnished for the same period from the Office of the Signal Service, U. S. A. Published by order of the Board of Health. Charles Mitchell, M.D., Health Officer and Registrar.

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Societies.

LOUISVILLE MEDICO-CHIRURGICAL SOCIETY.

Stated Meeting January 9, 1885, J. W. Holland, A. M., M. D., President, in the chair.

Dr. P. B. Scott made a motion, which was unanimously adopted, that the Secretary be directed to write a letter of condolence to Dr. Samuel Brandeis and family and to the family of Dr. Richard Brandeis, expressing the deep sympathy of the fellows with them in the bereavement caused by the mysterious disappearance of Dr. Richard Brandeis, of New York, formerly an active member of this body, and a corresponding member at the time of his departure.

Dr. R. M. Ferguson exhibited the temporal bone of a patient, recently under the care of Dr. Holland, who died of cerebral meningitis at the Louisville City Hospital.

The bone had been sawed open, revealing a large carious cavity in the mastoid. The tympanum was found full of pus, the drum membrane was perforated in its upper portion, and the head of the hammer was carious. The upper wall of the external auditory canal was also carious. On the anterior surface of the petrous portion of the temporal bone corresponding to the carious part of the external canal the bone was discolored and so soft that it crumbled under the scalpel. The dura mater corresponding to this spot was detached. At the post-mortem about two drams of pus were found in the anterior cerebral fossa. It had an exceedingly offensive odor. The pia mater was found congested, and there were many adhesions over the base of the brain.

The meningitis was due to an extension of inflammation to the membranes of the brain from the middle ear. Patient had had a running from middle ear for twelve years, and was deaf on that side.

Dr. Ferguson then read a paper on Mastoid Disease. (See page 65.)

Dr. Holland stated that the patient was seen by him a few hours before death. The patient was restless and moved the head and neck together, showing considerable stiffness of neck. There was convergent strabismus, and the patient stated that he had had diplopia for two days. The pupils were very widely dilated. The patient was very nervous; at times his answers were rational, but he soon became incoherent and tried to quarrel over some imaginary

wrongs. He stated that he had had headache for about a week. The temperature was 99.25° . Light and noise were very disagreeable to him.

The diagnosis of meningitis from ear trouble was made and three leeches were applied behind the ear. Morphia and bromide of potassium were administered and the patient became quiet. He was evidently in a stage of collapse on admittance, as evinced by the large pupils, the clammy sweat, and the low temperature.

Relative to the question of trephining in such cases, Dr. E. von Donhoff stated that he had once been present during the performance of this operation. The mastoid was opened and death followed. This patient had been sick only five or six days in all.

Dr. W. Cheatham read an abstract from a report of sixty-five cases of cataract upon which he had operated. He called special attention to his good results in cases operated on at the University clinic, notwithstanding the fact that they were bandaged up and then sent to the City Hospital or even out into the country. He stated that he has great doubt about the advisability of keeping patients perfectly quiet and in bed after cataract operations.

Dr. A. M. Vance reported several cases in which he had operated on the skin, using muriate of cocaine as a local anesthetic by means of hypodermic injections, with perfect success.

Dr. D. G. Murrell stated that he had used the muriate of cocaine on condylomata behind the corona glandis, but had failed to secure anesthesia.

Dr. J. W. Irwin stated that he had treated a case of protruding internal piles with this drug, and had used an entire bottle (3j) of a four-per-cent solution without producing anesthesia. After some tedious waiting, however, complete anesthesia did make its appearance, and the hemorrhoids were returned through the sphincter without difficulty. Since this time the patient has had no trouble whatever.

Dr. von Donhoff stated that he had had two failures from the drug. In one, a case of foreign body in the cornea, the druggist instilled ten drops into the eye, and when patient returned to his office he put in ten drops more. He waited a half hour and then removed the foreign body, but not without pain.

The second case was one of rectal abscess. The site of the incision was painted

with a four-per-cent solution for fifteen minutes^{*}, but the operation caused considerable pain.

Dr. Ferguson stated that he had experimented with cocaine on his own eyes, and had used it in a number of operations. He was enthusiastic over the drug. He said that he had used it with perfect success in squint, iridectomy, foreign bodies in the cornea, in slitting the canaliculi, probing the lachrymal duct, and in pterygium.

He had operated in one case in which there was complete obliteration of the lower punctum caused by scars from a syphilitic ulcer near the margin of lid. A fine silver probe properly bent was passed through the upper canaliculus into the lachrymal sac, and then into the lower canaliculus. The probe was then cut down on and the canaliculus slit. During the entire manipulation no pain whatever was experienced. He has also used it in the throat to lessen sensibility and to facilitate examinations of the larynx.

About two weeks after its introduction he made hypodermic injections upon himself and found that it produced anesthesia over a limited area. In conjunction with Dr. Ray he had made investigations whereby it was verified that cocaine lessens the power of accommodation to a slight extent. It was also found to completely benumb the nerves of the tongue so that quinine in crystals and even strychnine in solution could not be tasted. In addition to this the general sensibility of the organ was lost.

Dr. Ferguson said he believed that wherever the solution can be brought in contact with the nerves the anesthetic influence would become apparent. This easily takes place on a mucous membrane, and also when the solution is used hypodermically. Its failure to act through the skin is due to the impermeability of the epidermis. Dr. Vance had demonstrated to him that anesthesia can be produced if the epidermis be first removed by scraping. Its failure to act in such affections as tonsillitis, rectal abscess, etc., is probably due to the fact that the action of the drug is only superficial, whereas in these affections the deep structures are involved.

Dr. Cheatham stated that in cases of severe inflammation absorption frequently does not take place, as is evinced by the fact that in some cases of foreign bodies on the cornea even strong solutions of atropine sometimes fail to dilate the pupil.

Dr. Larrabee gave it as his belief that some other plants or their alkaloids would

be found to have similar properties. He thought it probable that an *aqueous* solution of the extract of aconite would produce an anesthesia sufficient for minor operative procedures.

Dr. Roberts reported the recovery of a case reported at the previous meeting in which, after an amputation at the shoulder-joint for the removal of an osteo sarcoma, he had been compelled, by recurrence of secondary hemorrhage, to ligate the axillary artery twice and the subclavian the same number of times.

Dr. von Donhoff commented on a case^{*} *apropos* to a paper, recently seen in the London Lancet, entitled "Difficult Cases for Surgical Diagnosis." He said: During a recent meeting of this Society with Dr. Pusey, Superintendent of the Anchorage Asylum, I was invited, in company with other of the fellows to examine "a case of interest in a surgical way" in the person of a nurse who had become very ill after taking an ordinary dose of Crab-Orchard salts. We found a robust subject, now marked by a facial expression of intense anxiousness, a hot, dry skin, a quick, full pulse, a red, furred tongue, and offensive breath. Axillary temperature about 103° or 104°.

The history was one of a constipated habit; that part of the history immediately supervening on "the dose of salts" was limited to two copious evacuations, the accession of severe pain in the right iliac fossa, one or two rigors, vomiting, and elevated temperature. Three or four days had elapsed when we saw the case, during which time, if I remember correctly, there had been but one *colliquative* discharge from the bowels.

In addition to the already enumerated symptoms, there was found in the right hypogastrium a dark-red area verging upon a purplish hue over the region of the ileo-cecal valve. The entire right hypogastrium was exquisitely tender, and the abdomen tympanitic. In the iliac fossa fluctuation was discovered, and this fact coupled with its pathological consonant, edema of the superjacent structure, preceding history and present *tout ensemble*, vouchsafed the diagnosis of "perforation" of, and pus surrounding, the gut. In this diagnosis and the treatment (free opening) advised, Dr. Vance agreed with me. On the following day the operation was done by Dr. Dugan,

^{*}Our next issue will contain a full report of this case, with appropriate comments by W. C. Dugan, M.D., Assistant Physician to the Central Kentucky State Lunatic Asylum.

and resulted in the establishment of the diagnosis, which had encountered radical opposition on the part of a number of eminent colleagues. The patient died in forty-eight hours after the operation.

R. MAUPIN FERGUSON, M. D.,
Secretary.

Selections.

DISTRIBUTION OF THE TUBERCLE BACILLI IN LESIONS OF PHTHISIS.—Dr. Percy Kidd read a paper on the Distribution of the Tubercle Bacilli in the Lesions of Phthisis before the Royal Medico-Chirurgical Society. (Lancet.) The present paper was based upon an examination of eighty cases, and included two cases of malignant disease of the lung, two cases of sacculated bronchiectasis, and one case of dysenteric ulceration of the intestine. With these exceptions all the cases may be described as "tuberculous." In more than half the cases the lung was examined, in twelve cases the larynx or trachea, in thirteen the intestine, and in thirteen the lymphatic glands. Various other parts were examined in a few instances. With regard to the lung, the object kept in view was to examine the various lesions comprised in the phthisical process, and to ascertain their connections with the development of tubercle bacilli. These bacilli are invariably found in pulmonary cavities, and in nearly all cases in softening caseous material, provided that the morbid process be associated with a tuberculous affection. On the other hand, the fetid contents of a cavity in two cases of sacculated bronchiectasis contained numerous micrococci, but no tubercle bacilli. In most instances these bacilli were detected in the nodular lesions of phthisis, though their number was almost always few, whereas in the three cases of acute miliary tuberculosis examined they were in many nodules very abundant. It is probable that in all cases, whether acute or miliary tuberculosis or phthisis, some stage of the growth of the nodules is associated with the presence of these micro-organisms. The distribution of the bacilli in the so-called caseous pneumonia appears to be very irregular. Generally speaking, where the caseation is uniform and firm no bacilli can be found. But where the caseous process is commencing, or where softening is going on and microscopical cavities are present, bacilli are often

seen in great numbers. Where the caseation is recent bacilli are usually scattered among the caseated epithelioid cells, whereas in the later stages they are more often collected in groups, and their distribution is very circumscribed. In this, as well as in the nodular form, the bacilli are usually situated in the caseating alveoli, more rarely in the alveolar walls. Both in the nodular and caseous pneumonic forms bacilli are often found in the infiltrated walls of the small bronchi. Where fibroid induration was pronounced no bacilli were found. Their presence or absence in caseous material seems to depend mainly on its age; the older the caseation the less is the chance that bacilli are present, unless softening occur, when their appearance is certain to take place sooner or later. It is probable, as Koch suggests, that the spores of the bacilli may lie dormant for a very long time, and when suitable conditions are provided may develop into mature bacilli. In the larynx, intestine, and lymphatic glands the presence of the bacilli seems to depend on similar conditions. The fact that the same micro-organisms are found in tuberculous disease of such remote parts as the pia mater, peritoneum, lung, intestinal and genito-urinary tracts, shows that their association with tuberculosis can be no mere accident.

NON-ALCOHOLIC TREATMENT OF SURGICAL CASES.—There is published in a recent number of the Temperance Record a valuable paper read before the American Medical Association by Mr. A. Pearce Gould, on the experiences he had gained during the year 1883 as surgeon to the London Temperance Hospital. It is not, of course, to be assumed, nor does Mr. Gould wish it to be, that the facts narrated by him are to be accepted as *ex cathedra* statements on the value of alcohol in treatment, or on its unnecessary abuse in ordinary practice; the author of the paper simply describes the results obtained under conditions which left him free to employ or not, at his discretion, the services of stimulants. A total of one hundred and ninety cases were admitted under Mr. Gould's care during the twelve months, and of this number nine, or 4.73 per cent died. Altogether forty operations were performed, and in one only of these cases was alcohol (in the form of champagne) given; but, notwithstanding, a fatal termination ensued. Mr. Gould arrives at the following conclusions as a result of his observations and study of the facts

connected with the administration of alcohol in disease:

1. *That alcohol is contra-indicated in all cases where it is important to secure physiological rest!* I am aware that alcohol is a powerful narcotic, but I believe it to be a very rare conjunction of circumstances which permits of its successful employment as such without attendant evils from its stimulant effects.

2. *Therefore in the period immediately following operations and injuries, especially large wounds such as in amputations and excisions, compound fractures, and severe hemorrhage, alcohol is contra-indicated.* It is only admissible in those extreme cases where life is in immediate danger from failure of the heart, and in these cases we have in subcutaneous injections of ether a more potent stimulant.

3. *For exhaustive disease alcohol is contra-indicated except as a temporary stimulant.*

4. *In alcoholism, whether acute or chronic, alcohol is contra-indicated.*—*Medical Press and Circular.*

PATENT URACHUS.—Mr. W. A. Garrard, recently brought before the Sheffield Medico-Chirurgical Society a child presenting this evidence of incomplete development. The speaker said (*Medical Press*): Small openings the size of a pin-head into the urachus are not very uncommon, but here we have an opening as large as a man's urethra. The child was born five or six months ago, and at that time the umbilical cord was distended into a sack below, where it had been ligatured, and looked not unlike a peritoneal protrusion through the navel. When this sloughed off, the navel did not heal, but looked like a large ripe strawberry with the stalk removed. Through the depressed center urine always escapes, and sometimes the whole of the urine is passed through the urachus. The child was admitted into the Rotherham Hospital a fortnight ago; I could then pass a full-sized catheter from the navel to the bladder, and could feel through the abdominal walls a thick cord running down to the bladder. I ligatured the projecting part, including the urachus, with catgut, and cut off all in front; then pared the edges of skin freely all round, brought the deep parts together with a quilled suture, including the thickened parts around the urachus, and closed the edges of the wound with fine silver wire. The child was convulsed in the night, and seemed in pain. One minim of liq. morph. was

given every hour until relieved. I removed the deep sutures on the fourth day; the wound looked well then; has been very little discharge since; the wound is now practically healed, and no urine has escaped through the navel. I do not know that any case has done well after the actual cautery; therefore, I did not attempt it. Very small openings have often been treated successfully by ligaturing the protruding part of the cord, but I think that could not have sufficed in this case, owing to the unusually large size of the opening.

UREA NOT A CAUSE OF UREMIA.—Dr. Peabody said that at the last meeting of the society he had expressed the opinion that too much stress had been laid upon urea as a cause of uremia, his opinion being based more or less upon observations in the lower animals. Dr. Seguin had been of a similar belief, but spoke of experiments recently made, from which it would seem that uremic symptoms might be produced in the lower animals by the injection of urea into the blood. Dr. Seguin had since informed Dr. Peabody where he could gain access to the records of the experiments to which he had referred, and Dr. Peabody took occasion to show to the society that it would require, according to the amount of urea necessary in these experiments to produce death by injection into the circulation of the dog, one pound and a half of urea to produce a fatal result in man. But it had been shown that in a man of one hundred and fifty pounds weight, dying of uremia occurring in the course of kidney disease, the blood contained only nine one-thousandths of a pound of urea. There might be apparent fallacies in this manner of drawing conclusions, but he thought it showed very conclusively that such experiments upon animals could give us little useful information as to the cause of uremia in man. The injection into the blood of benzoate of sodium or of sulphate of sodium, agents which were not in themselves poisonous, would likewise produce uremic symptoms. The experiments cited went no further than to show that the injection of a certain amount of any foreign substance into the circulation would produce death; they did not show that uremia was due to the presence of uræa in the circulation. He had seen several fatal cases in which there had been entire suppression of the urine, but none of the so-called uremic symptoms.—*New York Pathological Society, New York Medical Journal.*

PHELLANDRIA.—In England this ancient remedy has received fresh attention, and is said to be a most valuable agent in treating various affections of the chest characterized by excessive cough, whether dry or attended with expectoration. Its action appears to be of a sedative as well as of an alterative and strengthening kind. Narcotism is not produced by its administration. It appears to have a special action against pulmonary phthisis. The most acceptable preparation is the syrup of phellandria used in a concentrated form. Other preparations, such as the arseniate of iron, may be advantageously prescribed with the syrup.—*Medical and Surgical Reporter.*

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes in the Stations and Duties of Medical Officers serving in the Medical Department of the United States Army, January 18, 1885, to January 24, 1885.

Tremaine, W. S., Major and Surgeon, granted leave of absence for one year on surgeon's certificate of disability. (S. O. 14, A. G. O., January 17, 1885.) *Mans, Louis M.*, Captain and Assistant Surgeon, granted leave of absence for two months on surgeon's certificate of disability, with permission to leave the Division of the Missouri. (S. O. 16, A. G. O., January 20, 1885.) *Stephenson, Wm.*, First Lieutenant and Assistant Surgeon, relieved from duty at Fort Omaha, Nebraska, and ordered to Fort Niobrara, Nebraska, for duty. (S. O. 6, Department Platte, January 19, 1885.)

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service, October 1, 1884, to December 31, 1884.

Bailhache, P. H., Surgeon, granted leave of absence for thirty days, October 9, 1884. To proceed to Wilmington, N. C., as Inspector, November 10, 1884. Relieved from duty as Chief of Purveying Division, to proceed to Philadelphia, Pa., and assume charge of the Service, December 10, 1884. *Wyman, Walter*, Surgeon, granted leave of absence for fifteen days, October 15, 1884. Leave of absence for fifteen days in December, 1884, and thirty days in January, 1885, also for a further period from January 31, 1885, without pay, and with permission to visit Europe, December 8, 1884. *Purviance, George*, Surgeon, when relieved, to proceed to Cincinnati, O., and assume charge, November 12, 1884. To Louisville, Ky., as Inspector, November 24, 1884. *Austin, H. W.*, Surgeon, to proceed to Boston, Mass., and assume charge, November 12, 1884. *Smith, Henry*, Surgeon, when relieved, to proceed to Cairo, Ill., and assume charge, November 9, 1884. Granted leave of absence until January 15, 1885, December 17, 1884. *Stoner, G. W.*, Passed Assistant Surgeon, relieved from duty at Delaware Breakwater Quarantine, to proceed to Cairo, Ill., in accordance with former orders, October 14, 1884. To Norfolk, Va., November 19, 1884. *Irwin, Fairfax*, Passed Assistant Surgeon, to close Cape Charles Quarantine

October 31, 1884, proceed to Washington and report to Surgeon-General, October 14, 1884. To take charge of the Service, Port of Georgetown, D. C., and detailed as Acting Chief Clerk, Surgeon-General's Office, October 30, 1884. To Philadelphia, Pa., and Baltimore, Md., as Inspector, December 30, 1884. *Mead, F. W.*, Passed Assistant Surgeon, when relieved, to proceed to Baltimore, Md., and assume temporary charge, December 10, 1884. *Heath, W. H.*, Passed Assistant Surgeon, granted leave of absence for thirty days on account of sickness, October 24, 1884. When relieved to proceed to Pittsburgh, Pa., and assume charge, December 26, 1884. *Guiteras, John*, Passed Assistant Surgeon, to report to Surgeon-General, November 8, 1884. Leave of absence extended fifteen days, without pay, November 14, 1884. *Wheeler, W. A.*, Passed Assistant Surgeon, relieved at Chicago, Ill., to proceed to Buffalo, N. Y., and assume charge, December 26, 1884. *Banks, C. E.*, Passed Assistant Surgeon, when relieved, detailed for special duty; upon completion of same, to Boston, Mass., for duty, October 28, 1884. *Peckham, C. T.*, Passed Assistant Surgeon, granted leave of absence for twenty days, December 26, 1884. *Bennett, P. H.*, Assistant Surgeon, when relieved, to rejoin his Station (Detroit), November 20, 1884. *Ames, R. P. M.*, Assistant Surgeon, to report to Surgeon Hutton, at Louisville, Ky., for examination for promotion, November 13, 1884. *Devan, S. C.*, Assistant Surgeon, to proceed to Tocoma, W. T., as Inspector, October 14, 1884. *Kalloch, P. C.*, Assistant Surgeon, granted leave of absence for thirty days, November 19, 1884. *Glenan, A. H.*, Assistant Surgeon, to proceed to Key West, Fla., for temporary duty, October 8, 1884. *Battle, K. P.*, Assistant Surgeon, granted leave of absence for thirty days, on account of physical disability, December 6, 1884. *Brooks, S. D.*, Assistant Surgeon, to proceed to New York, N. Y., for temporary duty, October 20th and November 26, 1884. *White, J. H.*, Assistant Surgeon, to proceed to New Orleans, La., for temporary duty, October 3, 1884. To escort insane seamen to Government Hospital for the Insane, December 17, 1884. Granted leave of absence for fifteen days, December 23, 1884.

RESIGNATION.—*Smith, Henry*, Surgeon, resignation accepted by the Secretary of the Treasury, to take effect January 15, 1885, December 17, 1884.

APPOINTMENT.—*White, Joseph H.*, M. D., of Georgia, having passed the examination required by the Regulations, was appointed an Assistant Surgeon by the Secretary of the Treasury, October 2, 1884.

PROMOTIONS.—*Peckham, C. T.*, Passed Assistant Surgeon, promoted and appointed Passed Assistant Surgeon by the Secretary of the Treasury from December 1, 1884, November 28, 1884. *Ames, R. P. M.*, Passed Assistant Surgeon, promoted and appointed Passed Assistant Surgeon by the Secretary of the Treasury from December 1, 1884, November 28, 1884. *Devan, S. C.*, Passed Assistant Surgeon, promoted and appointed Passed Assistant Surgeon by the Secretary of the Treasury from December 1, 1884, December 5, 1884. *Urguhart, F. M.*, Passed Assistant Surgeon, promoted and appointed Passed Assistant Surgeon by the Secretary of the Treasury from December 1, 1884, December 5, 1884.

THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, FEBRUARY 7, 1885.

Original.

PERITYPHLITIS.

BY W. C. DUGAN, M. D.

Assistant Physician to the Central Kentucky Lunatic Asylum.

December 9th, 10 A.M. Mr. D., aged twenty-nine, attendant, was attacked with nausea and vomiting, with severe colicky pains in right lumbar and iliac regions. Coincidentally he had retraction and swelling of the corresponding testicle. Apparently the condition was excited or produced by severe straining and griping at stools after taking some liquid Crab-Orchard salts on the night previous. Suffering the most excruciating pain, he went to the office, where Dr. Clarke gave him some paregoric and ginger to allay the nausea and vomiting. I saw him thirty minutes afterward, when he was standing retching and vomiting. I had him to lie down. He had an anxious, haggard expression of countenance, was bathed in a cold, clammy perspiration, with rapid, tense pulse and hurried respiration. I examined his abdomen, but nothing abnormal was detected by inspection. On palpation the abdominal muscles were found rigid, but nothing could be learned by this procedure. By percussion the different regions were found to be substantially normal. The abdominal examination being negative, the retraction of the testicle, the intense shock, and the character of the pain, led me to conclude I had a case of renal colic. I gave him one half grain sulphate of morphine. In the afternoon he was up, but, though free of colicky pain, he complained of much soreness.

December 10th, 9 A.M. Rested fairly well last night. No nausea or vomiting. Had had two liquid stools since the day before. Micturition was painful. Urine nor-

mal in amount and in quality, containing no blood. There was still no acute pain, but much soreness on manipulation. His expression was better. Pulse not so rapid, and less tense. Had taken no more morphine. Apparently he was getting along well. 5 P.M. He had an anxious, shrunken expression. Had chosen the dorsal decubitus, with thighs semi-flexed. Breathing accelerated and thoracic. Could not straighten his right leg. The weight of the cover was painful to his bowels. I suspected peritonitis, and proceeded to examine his abdomen. I uncovered the abdomen, and on inspection nothing abnormal was detected. The testicle was still retracted and painful. By palpation I found a circumscribed area of solidification in the cecal region. The edges were well defined. It was intensely painful even to the weight of the hands. Temperature 103° F.; pulse 102, small and tense; respiration 30, and costal. By the examination I was led to a conclusion quite different from the one reached on the day before. I believed that instead of renal colic I had to deal with something by far more serious, namely, perityphlitis with perforation of appendix. I had Drs. Pusey and Clarke to see him with me. They agreed with me in the diagnosis. I suggested an operation, the details of which I will give in the proper place. It was at the time considered best to defer the operation, as the patient showed decided symptoms of shock. Hot fomentations, with tincture of opium, were kept on the abdomen, and opium was given *per os* in amount sufficient to relieve him of all pain.

December 11th, 7 A.M. Patient slept fairly well last night, but was somewhat delirious. Temperature 104° F.; respiration 30, and costal; pulse 120, small and wiry. Retention of urine. Catheterization was resorted to at regular intervals. Urine high colored and increased in quantity. The

abdomen was growing tympanitic. The peritonitis had extended beyond the median line. He was laboring under intense shock, so intense that we thought it doubtful whether he had sufficient vitality to react. During the day he took plenty of milk and broth. His temperature gradually fell, reaching 103° F. at 6 P. M., but the pulse remained at 120 and unchanged in character.

December 12th, 8 A. M. Temperature 103° F.; pulse 150, very weak, and markedly dicrotic; respiration 30. Peritoneal inflammation subsiding. Urine increased and high colored. Retention of urine. Testicle still retracted, painful, and swelling increasing. Patient grew more delirious. At noon his condition was unchanged. 5 P. M. No change. The Louisville Medico-Chirurgical Society met at the asylum; the members, a dozen or more, were kind enough to see the case with me. An indistinct fluctuation was now for the first time detected. The character of the fluctuating fluid was not agreed upon.

December 13th, 8 A. M. Temperature 100.5° ; pulse 120, and improved in character. He had a very good night's rest. Temperature gradually rose to 103° F. by 6 P. M.; pulse 130, small and tense. He took plenty of milk and broth. The symptoms were rapidly assuming a typhoid form, but the patient was perfectly at himself when aroused.

December 14th, 7 A. M. I was called to see him because his respiration had become very labored. He rested very well up to six o'clock. Temperature 102.5° F.; pulse 30, and thread-like; respiration 40, arrested on inspiration. His condition was very much worse, and at 9 A. M. Drs. Pusey and Clarke saw him with me, when, notwithstanding the fact that we regarded (as we had from the first) his condition as almost hopeless, we agreed that an operation would give him the only chance for life. All the acute peritoneal trouble had subsided, leaving the tumor well marked. Fluctuation was easily elicited. On Dr. Pusey's suggestion I introduced an aspirator needle to ascertain the locality of the abscess, which was found by introducing the needle above and posterior to the ant. sup. spin. process of the ilium, deep behind the cecum. The fluid drawn off was a dark sanious liquid, with gas, emitting an intestinal odor. I then got ready to make a free incision to let out the pus and establish thorough drainage. The patient being very weak, I determined not to perform the radical operation that I had

proposed at first, as it would have required more time, and "time was life," but instead, making the incision posterior, commencing at the external border of quadratus lumborum muscle, two inches above the crest of the ileum and extending downward and forward three inches. I divided cautiously the different muscles until I reached the level of fascia transversalis, which was found to be very tense, and when opened gave vent to a quantity of fetid pus. There was no arterial hemorrhage. I put in a drainage-tube and partially closed the wound, applying a dressing of carbolized absorbent cotton. The patient stood the operation well. Drs. Pusey, Clarke, and Alexander assisted me in the operation. He reacted and took plenty of whisky and milk. I left him resting well. His breathing was better.

December 14th, 12 M. Temperature 101° F. (temperature 102.5° when the operation was performed), pulse 132, and feeble. 2:30 P. M. Temperature 100.75° F., pulse 120. Taking freely of milk and some whisky. 6 P. M. Temperature 101.5° F., pulse 128. Sleeping and resting fairly well. I gave him carbonate of ammonia and atropia to control the exhaustive perspiration. 10 P. M. Resting well. Wound discharging freely. Tympanitic trouble which had given so much uneasiness had greatly diminished. 12 P. M. He got much worse. I saw him at 1 o'clock, and remained with him until 2 o'clock. His radial pulse could not be detected. Surface cold. He was rational. When I left him I did not think he could live till morning, but nevertheless he had reacted and was better when morning came.

December 15th, 10 A. M. He gradually became weaker and weaker until he died, death from asthenia taking place just forty-eight hours after the operation. His temperature did not rise above 101.75° after the operation, while during most of the time it was not above 100° F.

Post-mortem. Dr. Clarke assisted me in making the post-mortem, in the presence of Dr. Pusey. Body well nourished; rigor mortis well marked; abdomen much distended; abdominal wall thick; stomach and intestines distended with gas; peritoneum congested and inflamed, but containing no pus or serum; kidneys normal; peri-renal fat on right side was destroyed by the abscess; cecum and lower part of colon closely attached to the fascia covering the quadratus lumborum muscle. On breaking up the adhesions an old abscess was ex-

posed which had partially discharged its contents through the opening made, and partially between the abdominal muscles. The bowels contained some semi-solid fecal matter of a light color, but otherwise substantially normal excepting the vermiform appendix, which was distended with fecal matter (liquid principally) and perforated at about one inch from the cecum. There were impacted in the appendix two or three seed-like bodies, which, when mashed, presented the appearance of yellow wax both in consistence and luster.

The bodies looked much like orange seed, and I thought they were bodies of this kind until closely examined.

In looking over the literature of the subject I find the term Perityphlitis used rather indiscriminately by many authors. By some it is applied only to cases of perforative ulceration, either of the cecum or appendix, while others appear to apply it to all abscesses occurring in the cecal region.

It is indeed important that a distinction be made between abscesses following a perforation and those produced by other causes, for upon such a distinction is intelligent treatment based. Formerly in all forms of abscesses in the lumbar and iliac regions, venesection and purgatives were resorted to under the erroneous impression that the disease was of the phlegmonous form of inflammation.

More recently opium in large doses has been extensively used, and I may say often to the detriment of the patient, as it so masks the symptoms as to prevent a proper diagnosis being made, and so "beats a funeral march to the grave." At last, however, the pendulum has swung to the other extreme, and now it is taught by some that all abscesses occurring in the cecal region even before pus is formed should be freely opened.

It is very dangerous to treat all such cases surgically, and equally so is it to treat all of them medically. There is one class of cases in which a surgeon would be culpable if he performed an operation, while upon the other hand there is a second class in which he would be equally culpable if he failed to operate. Hence I beg to make a distinction as I proceed to the consideration of the proper treatment of the disease. The first form of the disease that I shall call attention to is the simple or primary perityphlitis, in which the cecum and appendix are not involved. It most commonly occurs in children, following some

slight traumatism, exposure to cold, or an attack of typhlitis. There will generally be found a well-defined tumor in the cecal region, even before there are any subjective symptoms.

It is a subacute disease, presenting a clinical history closely allied to morbus coxalgia, the thigh being semi-flexed. The patient should be put to bed and kept at rest. If he is constipated, an aperient should be given. If there is any pain, opium to the amount to relieve it must be administered. If there is much inflammation, leeches might be used to an advantage.

Dr. Gibney and others report good results from the use of blisters. A light compress over the tumescent region will do good and is too often neglected. If the case is mild, hot fomentations and turpentine stupes can be used with a degree of satisfaction. There being no perforation, most of these cases terminate in resolution, hence I question the propriety of making a free incision before the presence of pus is detected, as is so strenuously advocated by some recent writers. When pus has formed, however, it should, as a rule, be let out, and for this purpose I should be inclined to use an aspirator, as it is less dangerous than a free opening, and in many cases equally effective. The cavity should be washed out with some antiseptic solution or a small quantity of the tincture iodi. injected. When this is done a light compress of carbolized absorbent cotton should be applied to approximate the walls of the abscess.

Concerning the prognosis of this disease, Dr. Bull, of New York, in an excellent inaugural thesis, says:

Resolution may be expected in cases due to exposure to cold or those following mild attacks of typhlitis.

M. Bouchut states that:

Abscess in the iliac fossa is especially rare in children, and I believe that by energetic treatment in an early stage, suppuration may be obviated.

Dr. Whitall, in closing his report upon the case of a boy on which he had operated, states:

In the present instance I am far from sure that the operation saved the patient's life; indeed, it is probable that he would have recovered had no operation been performed. I am more convinced of this by doubts as to whether the indurated mass had not in a great measure, if not entirely, disappeared by resolution.

Dr. P. B. Pumyed, of New Jersey, re-

ports three cases, all of which terminated in resolution under the treatment of opium and blisters.

The first case was a boy, thirteen, with distinct tumor in cecal region attended with marked constitutional symptoms. Second case, a young lady with tumor in the right iliac fossa, attended with nausea and vomiting. Third case, a boy, fourteen, with a circumscribed solidification in the right iliac region.

Dr. Sands, who has had a very large experience, in a paper published in the *Annals of the Anatomical and Surgical Society of Brooklyn* (Vol. II, No. 7, 1880, page 255), says:

The recognition of the class of cases first described (those which terminated in resolution) is important on account of the erroneous opinion widely entertained, that perityphlitis when once established must necessarily proceed to suppuration. While this may, perhaps, be true when the disease is due to perforation of the intestines with the consequent escape of its contents into the surrounding tissue, it is quite exceptional in those cases which owe their origin to the mere pressure of hard and indigestible substances in the cecum through the intestinal coats, to the effect of injury or to causes which with our present lack of knowledge we are unable to define but yet can not refuse to acknowledge. Such cases, tending to recovery without suppuration are, as my own experience proves, by no means rare, and their relative frequency is doubtless greater than my figures would seem to indicate, inasmuch as the surgeon is apt to witness the severer rather than the milder examples of this disease.

On page 256, regarding the proper time for operating, he states:

It must be evident, however, that the question of operation is one that can not be settled by time alone, and that all the circumstances of the case should be carefully considered before resorting to a procedure which may be needless, and possibly hazardous.

On page 259, he continues:

In one remarkable case already mentioned, wherein the affection continued for many months, and ended without suppuration, the combination of symptoms was never such as to demand surgical interference, although on two occasions I was nearly persuaded to undertake an exploratory incision.

Dr. Gibney, in an able paper on Perityphlitis in Children, etc., published in the *American Journal of the Medical Sciences*, January, 1881, closes his remarks thus:

In conclusion then, inasmuch as I have conclusively proven by clinical facts and by the testimony of Dr. Sands, given in the form of his large experience, that primary perityphlitis as a rule terminates in resolution, etc.

The above will suffice to show that sim-

ple or primary perityphlitis generally terminates without suppuration, hence the importance of not operating until the presence of pus is detected, the removal of which being the only indication for operative procedure in this form of the disease.

While the first form of the disease is successfully relieved by medicinal agents, the second can be treated satisfactorily only by the early and skillful use of the knife. This becomes evident as we proceed to consider its pathology. I shall not attempt a review of the pathology of the disease in general, but will confine my remarks to the pathology of the case reported.

[TO BE CONTINUED.]

Miscellany.

POSSIBLE BONY UNION AFTER INTRA-CAPSULAR FRACTURE OF THE FEMORAL NECK.—Dr. John B. Roberts, at a recent meeting of Philadelphia County Medical Society (*Maryland Medical Journal*), presented the history of a case that seems to be one of bony union of an intra-capsular fracture of the neck of the thigh bone. The patient, a German, seventy-eight years old, fell from a street car. When Dr. Roberts saw her the position of the limb and age of patient pointed to intra-capsular fracture. There was also crepitus on gentle rotation of the limb. Extension by weight was employed, but in a few days the patient suffered so from incontinence of urine and the development of a bed sore that all treatment was abandoned. Four weeks after the accident she was walking on crutches; in nine weeks she was discharged, being able to walk without assistance. Dr. Roberts further says that, in his opinion, the after violent and unjustifiable manipulations to which the injured hips are often subjected by ignorant attendants desiring to demonstrate crepitus or preternatural mobility is the cause of the non-occurrence of bony union in many cases.

BUSINESS.—In our last issue was noted the destruction by fire of the splendid Laboratories, at Yonkers, on the Hudson, of Reed & Carnrick, and the New York Pharmaceutical Association, with large stores of manufactured goods. The fire occurred on Monday the 12th ult., and notwithstanding the special character of the preparations and the complicated and heavy machinery nec-

essary for their manufacture, these firms were able to resume the filling of orders on Tuesday the 27th. This is an example of remarkable but characteristic enterprise. Physicians who, in consequence of this accident, have been unable in some instances during the last three weeks to have their prescriptions for the Beef-peptonoids and Peptonized Cod-liver oil and Milk, filled, will from this on meet with no difficulty.

DR. C. W. DULLES, in a paper read before the Philadelphia County Medical Society (Maryland Medical Journal), says that the most universally applicable ointment for open wounds which he knows of, is one made of equal parts of carbolic-acid ointment and oxide-of-zinc ointment. This has seemed to do more good than any other ointment in cases of granulating surface. It should be applied by means of lint on which the ointment has been spread, and confined to the granulating surface, as on the skin it may produce an eczema.

ERGOT IN CONSTIPATION.—In the *Allgemeine Med. Zeitung* (Medical Press), Dr. Granzie reports two cases of constipation following the abuse of purgatives relieved by ergot. Three doses of ten grains each were given at intervals of two hours and were followed by copious evacuation. A second stool occurred spontaneously the next day, and after the administration of ergot in small doses for a few days a definite cure was obtained. The constipation was due to atony of the muscular wall of the intestines.

IN the Albany Medical Annals for January, Dr. T. F. C. Van Allen recommends a triturate of cocaine muriate. He says that a four-per-cent triturate with pulverized gum acacia will adhere to the surface of the conjunctiva, and not be squeezed out nor as readily washed away as an aqueous solution; also, that its action will be more permanent, although it takes longer time for absorption.

[We suggest that this would be an elegant form for exhibition of the drug in the larynx or the nose. Especially does it seem to be the preparation indicated in the nose during an acute catarrh or in hay fever.—*Ed.*]

IN Australasian Medical Gazette, December 15, 1884, Charles Gosse, M. D., reports an interesting case of pulsating exophthalmos of the right eye. There was a distinct

thrill heard on auscultation and the pulsation could be stopped by pressure on the right common carotid. It was assumed that there was an opening between the internal carotid artery and the cavernous sinus. The common carotid artery was consequently ligated, and the pulsation and bruit disappeared at once.

DR. JOHN B. ROBERTS gave the notes of several instructive cases of hernia at a recent meeting of the Philadelphia Clinical Society. (Polyclinic.) The following points were emphasized: Inguinal and femoral hernia will often be found at the same time and on the same side. It is safer to operate in cases of suspected strangulation than to postpone the operation beyond twelve hours. Herniotomy is attended with little hemorrhage, and if done antiseptically is accompanied by rapid union and but little risk to life.

EDWIN SAMUEL GAILLARD, A.M., M.D., LL.D., well known as a physician and editor of medical journals, died Monday at Ocean Beach, N. J. In 1866 he founded the Richmond Medical Journal, which he moved to Louisville in 1868, publishing it under the title of the Richmond and Louisville Medical Journal. He also founded the American Medical Weekly, and Gaillard's Medical Journal, a monthly; which latter he conducted with great ability till the day of his death.

DR. GESSLER, in the Southern Clinic, recommends reduction of a dislocated humerus in the following manner: (1) The elbow is pressed against the abdomen and then gently drawn outward until resistance is met with; (2) the forearm is then raised as high as possible toward the opposite shoulder; (3) the whole arm is drawn outward, and the operation is finished.

It is reported that an orthopedic society has been formed in New York City. This is the first organization of the kind in this country, and we hope that it may live long and prosper. Doubtless its transactions will be full of interest, since the men who compose it are leaders in this department of surgery in this country.

AT the recent annual meeting of the College of Physicians, of Philadelphia, Prof. J. M. Da Costa was elected president, and Dr. S. Weir Mitchell, vice-president.

The Louisville Medical News.

Vol. XIX. SATURDAY, FEBRUARY 7, 1885. No. 6

H. A. COTTELL, M. D., - - - - - Editor.
J. MORRISON RAY, M. D., - - Assistant Editor.

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THE CLINICAL THERMOMETER.

The report for the year 1883-4, presented by the Board of Managers of the Observatory to the President and Fellows of Yale College, with a circular, issued by the *Thermometric Bureau* of this institution, descriptive of the certificate-provided thermometers and the conditions upon which they are issued, is before us.

This report shows that the good work begun by the Bureau four years ago has done much to reform one of the most important of clinical procedures. Six thousand three hundred and twenty-six physician's thermometers were tested and corrected during the year.

The number is large, but by no means what it should be, since it is true that every physician who is worthy of the name carries a thermometer, and equally true that seven in ten of the instruments in common use are in error plus Fahrenheit's standard by from one to two degrees.

The doctor who makes use of an uncertified thermometer becomes, under modern therapeutic usage, a menace to the sick. Since, trusting the indications of a lying instrument, he may give, in typhoid fever

for instance, powerful antipyretic drugs or employ the cold bath to the serious detriment or even death of his patient.

This is a grave matter, with or without a pun upon the word, and a subject which should give the physician no slight concern if he be disposed to follow the teachings of our highest clinical authorities in the treatment of fever, is alive to the well-being of his patients, and has been guilty of carrying an uncertified instrument.

For instance, no clinical fact is better established than that the prolonged high-temperature range in the graver forms of typhoid fever saps the patient's vital force, and ends the case often by death in the second or third week, or leads to his taking off by serious complications at a later stage of the disease.

At the same time no therapeutic fact is more easy of demonstration than that quinine, salicylic acid, or the bath is competent to bring a dangerously high temperature down to a point of safety in a short time, curb the disease, head off complications, and guide the patient to a safe convalescence when the fever shall have run its course.

In the carrying out of these measures, however, the physician must exercise the most critical care and consummate skill; and since the readings of the thermometer are his chief and only infallible guide, it is a matter of the first importance that these shall be trustworthy beyond peradventure. A typhoid fever whose maximum temperature range is from 104.5° to 106° F. is a serious affair, and, mounting at least once in the twenty-four hours into hyperpyrexia, must be curbed by powerful antipyretic drugs or cold applications to the skin. On the other hand, a typhoid with a temperature range of 102° to 103.5° is safely manageable through simple expectant means, and if the patient under these circumstances be submitted to the bath or made to take heroic doses of antipyretic drugs, he is so treated at his peril, since he may be depressed beyond the point of safe reaction, the disease being

made more susceptible of grave complications.

In view of these considerations it is easy to see how a thermometer with an error plus of two degrees (and this is not uncommon) may be positively pernicious in the hands of even the most skillful physician.

When Yale College established its thermometric bureau, it was confidently expected that manufacturers would avail themselves of the fine facilities offered them for securing accuracy in their instruments, and that all clinical thermometers put upon the market would soon be correct in their readings or have the error, when such existed, noted in each instance for the physician's convenience. It is true that not a few of our first-class manufacturers have secured this desideratum, but nevertheless wildcat thermometers abound on every hand, and, being held at temptingly low figures, find a ready sale.

The remedy is easy. By sending his thermometer and fifty cents to Yale College, New Haven, any physician may secure a certificate accurately stating its errors, unless the instrument be so much at fault as to be unworthy of the certificate, in which case it will be returned condemned, and should be at once destroyed.

The majority of dealers have on sale certified instruments, which it were best that the doctor who needs a new thermometer should buy; but those who have old instruments to which they are attached need not discard them, since in the majority of instances their deflections from the truth may be measured and placed on record that their readings may be estimated at their proper worth in practice.

We trust that the next annual report of the Thermometric Bureau will show that the profession in America is fully awake to the importance of this work; for the day has truly come when no conscientious physician can carry a thermometer whose accuracy is doubtful or limit of error unknown.

"LINES TO A SKELETON."

Some weeks ago we noted an item, which has since gone the rounds of the press, to the effect that the late Professor Darling, of New York, was perhaps the author of the celebrated poem, *Lines to a Skeleton*.

The following, from a letter to the editor by Hugo Erichsen, whose recent popular work, *Medical Rhymes*, contains the poem, and to whom as an authority we appealed for the clearing up of the mystery, is to the point. Prof. Erichsen, says:

"The clipping from the *Detroit Free Press*, of January 25th, which I inclose, ends the 'Darling' controversy, which could only have arisen from the fact that Dr. Darling was fond of repeating the verses in his anatomical lectures. I heard them from his lips myself, when a student at the University of Vermont."

"*LINES ON A SKELETON*."—An allusion to the late Dr. Darling appeared in a recent number of the *Detroit Free Press*, claiming him to be the author of the remarkable poem, "*Lines on a Skeleton*." In a later issue, a correspondent gives an interesting account of the anonymous manner in which the poem made its appearance and says, "As these were occurrences of nearly fifty years ago, it seems hardly possible that the secret of its origin will ever be disclosed."

The writer of this has been familiar with this exquisite bit of rhyme nearly fifty years. He has in his possession a bound volume of two years' numbers of the "*Boston Weekly Messenger*" for 1815 and 1816. In the number for October 6, 1816, appears the poem, credited to a "late English paper." The book was the property of my father, and was among my earliest reading. So it would seem the poem in question was published nearly seventy years ago, a date rendering it quite improbable that Dr. Darling was the author.

CASTLETON, VT., January 21.

J. B.

THE chair of pathology in the University of Liepsic, made vacant by the death of Prof. Cohnheim, it is said will be tendered to Prof. von Recklinghausen, Prof. Ziegler, or Prof. Birch-Hirschfeld.

DR. STANFORD CHAILLÉ is named for the place in the National Board of Health made vacant by the death of Dr. S. M. Bemiss.

Bibliography.

A Practical Treatise on the Diseases of the Ear: including a Sketch of Aural Anatomy and Physiology. By D. B. ST. JOHN ROOSA, M.D., LL. D., Professor of Diseases of the Eye and Ear in the New York Post-Graduate Medical School; Surgeon to Manhattan Eye and Ear Hospital. Sixth edition, revised and enlarged. New York: William Wood & Co. For sale by John P. Morton & Co.

The author of this work has been known for a number of years as one of the foremost teachers and writers in the field of aural medicine and surgery. His book has been the most popular text-book on aural diseases since the appearance of the first edition in 1873. One of the most prominent English aural surgeons recently informed the reviewer that it was used in England more than any book written by their own countrymen. Every chapter in the present edition shows that it has been thoroughly revised, and much that is new has been added. A few changes in the arrangement of the chapters have been made. It would be needless for us to take up the different parts of this book and discuss them. It is already familiar to every otologist or practitioner who makes any pretensions to the treatment of ear diseases.

We shall, however, note a few of the valuable additions made to the present edition. In the chapter on Progress of Otology all the important contributions to aural diseases that have been made since the last edition are added. In the chapter on Examination of Aural Patients will be found Dr. Roosa's valuable observations on the use of the tuning-fork in the diagnosis of ear diseases. They are original, and worthy of careful study.

He finds by testing a large number of ears that the following is true: "If the hearing be impaired, and we find the aerial conduction better than that through bone, we are dealing with disease of some part of the acoustic nerve, which may be either primary or secondary to disease of the middle ear. If the conduction through bone be intensified and last longer in time than the aerial conduction, our case is one of disease of the middle or external ear." He further says, in explaining why this is so, that the tuning-fork is heard better through the bone in disease of the middle ear because of the increased resonating capacity of these parts, when diseased, by increase of tissue. When, on the other

hand, there is disease of the acoustic nerve, the sound is heard most distinctly and longer when it passes through the best channel, that is, through the external canal, tympanic cavity, and fenestra oralis.

Much new interesting matter will be found in the chapter on Diseases of the Auricle. One point of interest is the additional observations on malformations, with a description of Ely's operation for prominent auricle, which we have had the pleasure of seeing the author perform with success. The history of this case is also given.

In speaking of furuncles of the external canal, the author does not agree with the observations of Buck and Politzer to the effect that furuncles occur in the ears of patients otherwise healthy. He says: "I consider auditory furunculosis to be an indication of a low state of the system." Within the past few years, principally through the recommendation of Ringer, sulphide of calcium has been extensively used to arrest and prevent suppuration. It has been asserted that it will arrest furuncular inflammation as well as stop a suppuration of the middle ear. The author on this point says: "I have given sulphide of calcium a fair trial, and have never seen any benefit whatever from its use."

In speaking of foreign bodies in the ear, and after discussing many cases in which surgical means had to be resorted to simply because the foreign body had been wedged into the canal by the manipulations of unskilled hands, he says truly, that "*by the careful use of the syringe the large majority of foreign bodies can be removed from the auditory canal.*"

The classification of diseases of the middle ear adopted by the author in the first edition of this book has been accepted and used by subsequent writers on otology. In addition to the previous classification are added hemorrhagic inflammation and neuralgia of the middle ear.

In discussing the cause of acute catarrh of the middle ear, we find the following, which will be read by the average doctor who practices medicine in the Mississippi Valley with some misgivings: "The occurrence of acute catarrh of the ear in scarlatina, measles, naso-pharyngeal catarrh, and pneumonia is, I think, favored by the common practice of giving large, or comparatively large, doses of sulphate of quinine in these cases. This invaluable remedy should in my opinion be given with great caution in these diseases, since the disposi-

tion to extension of the inflammation to the middle ear exists strongly in all these constitutional affections. Quinine is quite sure to aggravate aural symptoms if they already exist, and in young children it may excite them. I have several times seen children suffering from acute aural catarrh in whose ears the administration of quinine had from the very first dose steadily aggravated the pain, until the discharge of pus from the tympanic cavity explained the high temperature, which should have been combated by local antiphlogistic remedies instead of by an *antipyretic*." He maintains that there is no disease of an important part of the body which will more certainly yield to judicious treatment than acute suppuration and acute catarrh of the middle ear.

A criticism of this book which we once heard made by an eminent foreign aurist, as also of another by an American, was that it paid too little attention to the great source of ear troubles, namely, the nose and naso-pharynx. We think one will find, in this edition, enunciated in very decided terms, the relations of diseases of the naso-pharynx to diseases of the middle ear; and the importance of the prompt treatment of the former.

In speaking of the differential diagnosis between chronic non-suppurative inflammation of the middle ear and disease of the labyrinth the author says there may be cases with a predominant middle-ear disease where through some cause "abnormal pressure is made upon the peri- and endolymph, and yet the tuning-fork be heard better through the air." These are the cases that have been described as intermittent bone conduction. By careful testing of the case at different times the true seat of the disease will be found.

The author makes some very interesting observations relating to hearing in a noise. After careful study of many cases of this kind he formulates the following conclusions:

1. "There is a large class of people suffering from impairment of hearing in quiet places who hear very acutely and with comfort amid a great din or noise.

2. "The disease causing the impairment of hearing thus relieved is situated in the middle ear. It is usually observed in the chronic non-suppurative form of disease of the middle ear, but may also be found in acute or subacute catarrh of this part, as well as in a chronic suppurative process with loss of the whole or part of the membrana tympani.

3. "The proximate cause of the phenomenon is not as yet positively known. It is probably to be found in some change in the action of the articulations of the *ossicula auditus*."

After giving in an able manner the different forms of treatment, and the views of others as to the amenability to treatment of chronic non-suppurative inflammation of the middle ear, Dr. Roosa, backed by twenty years' experience, thus sums up the prognosis:

1. "Chronic catarrhal inflammation in young subjects is susceptible of relief and cure in a large proportion of cases.

2. "Chronic catarrhal inflammation in adults is susceptible of relief and alleviation in about twenty per cent of the cases, of cure in none.

3. "Chronic proliferous inflammation remains as yet incurable and is not susceptible of alleviation or relief either in the young or old subjects in more than five per cent."

In discussing the treatment of chronic suppuration, the author takes issue with those of the present day who have discarded the syringe. He claims that the prerequisite is cleanliness, also that astringents in solution are indicated in many cases; if these do not good service, powders may be found to act well. Of these boric acid is good, "but it is by no means a panacea."

Much will be found of interest in the discussion of mastoid disease, but space will prevent our analyzing it. The chapter on Diseases of the Internal Ear is entirely rewritten, and will do much toward illuminating this hitherto dark page in aural medicine.

New and interesting investigations on deaf-mutism will be found, all through the book new illustrations are noticed, and valuable additions are made to the anatomy and physiology of this organ. The treatise far surpasses in amount of original material any book given us of late in the English language, and takes at once a place along side of the classic work of Politzer.

J. M. R.

One Hundred Years of Publishing, 1785-1885.
Philadelphia: Lea Brothers & Co. 1885.

This is an elegantly printed historical review of the great achievements of one of the most enterprising medical publishing houses in the world, and shows how an

humble, earnest man of genius was able from small beginnings to lay in time a foundation so firm and so broad that his business and family descendants were able to rear upon it in after years a superstructure of sublime proportions. We have here a clear illustration of what may be done through energy, integrity, singleness of purpose, and devotion to what is best in one of the great departments of commercial enterprise.

The Lea Brothers & Co. may well point with pride to their record of a hundred years. No doctor of learned culture, as he views the many splendid volumes upon his well-filled shelves which bear the imprint of this time-honored house, will fail to esteem the coming of Mathew Carey to this country as aught but a godsend to American medicine, or to prophesy that by the law of the survival of the fittest the establishment which he founded will lead the van in the medical literary events of yet another century.

Malaria and Malarial Diseases. By GEORGE M. STERNBERG, M.D., F.R.M.S., Major and Surgeon United States Army, etc. Wood's Library of Standard Medical Authors for 1884. New York: William Wood & Co. 1884.

Of the twelve works comprised by this series, it is probable that none will prove of more interest to the medical profession of the South and West than the volume under notice. For, since the great work of Drake upon the diseases of the Mississippi Valley, though the medical journals have abounded in articles upon malaria, and every work in practice has devoted to the subject considerable space, no systematic treatise worthy of the subject has appeared in this country.

Dr. Sternberg, by virtue of his army experience, has had abundant opportunity to study this disease in all its protean forms, and bringing to the work this splendid practical equipment, with rare scholarship and a temper of mind in accord with modern etiological doctrines, he has constructed a work of great practical worth to the physician, and of peculiar force as an exponent of views which, though mooted, are probably destined to become the tenets of the future etiological creed.

Among some of the striking features of this work may be mentioned the author's cogent arguments in favor of the view that certain "continued fevers of brief duration," such as the "acclimating fever"

of the Southern States, and probably many cases of our own remittent fever are of non-malarial (not paludal fevers) origin; and his chapter upon the etiology of malaria, in which, after the most painstaking research, original investigation, and careful weighing of testimony, he candidly acknowledges "ignorance as to the real nature of this widely distributed poison."

As a systematic presentation of existing knowledge upon the subject, and as a vigorous discussion of a vital theme in medicine, the work is a success and can not fail of wide popularity.

Eleventh Annual Report of the Superintendent of the Cincinnati Sanitarium for the year ending November 30, 1884.

Treatment of the Insane. By ORPHEUS EVERTS, M.D., Medical Superintendent of the Cincinnati Sanitarium. A Committee Report, read at the Thirty Eighth Annual Meeting of the Association of Medical Superintendents of American Institutions for the Insane, in Philadelphia, May 15, 1884. Cincinnati, Ohio. 1884.

These pamphlets, together received, are well selected as companion publications. The one is a report of an institution which invariably shows, among a large yearly number of admissions, a remarkably large number of cures. The other makes known the wise methods of management and rational therapeutics which, under the practiced hand of the superintendent, have redounded to the credit of psychiatric medicine and given the Sanitarium its wide and well-deserved reputation.

A better managed institution can not be found in this country, nor can any asylum for the insane boast of a wiser, more humane or skillful executive officer.

The London Medical Student and Other Comicalities. Selected and compiled by Hugo Erichsen, M. D., recently Professor of Neurology in the Quincy School of Medicine, Medical Department of Chaddock College; Licentiate of the Royal College of Physicians and Surgeons of Kingston, Canada, etc. Detroit, Michigan: Detroit Free Press Printing Company. 1885.

A System of Practical Medicine, by American Authors. Edited by William Pepper, M. D., LL. D., Provost and Professor of the Theory and Practice of Medicine and of Clinical Medicine in the University

of Pennsylvania, assisted by Louis Starr, M.D., Clinical Professor of Diseases of Children in the Hospital of the University of Pennsylvania. Volume 1: Pathology and General Diseases. Philadelphia: Lea Brothers & Co. 1885.

Address in Medicine, delivered before the Medical Society of the State of Pennsylvania, by W. H. Daly, M.D., of Pittsburgh, one of the Vice-Presidents of the American Laryngological Association, Senior Physician for Diseases of Nose, Throat, and Chest, to the Pittsburgh Free Dispensary, Pittsburgh, Penn., at its annual meeting held in Philadelphia, May, 1884.

Extensive Burn involving the Cavity of the Knee-joint. Read in the Section of Surgery, at the Annual Meeting of the British Medical Association, by W. H. Daly, M.D., Pittsburgh, Penn., U. S. A., General Surgeon to Pittsburgh & Lake Erie R. R., etc. Reprinted for the author from British Medical Journal, December 13, 1884.

Correspondence.

LONDON LETTER.

[FROM OUR SPECIAL CORRESPONDENT.]

Some interesting details with regard to the rate of mortality in Scotland, at various periods of the year, are given in the annual report of Dr. Cunynghame to the Registrar-General, which has just been issued. Among children under five years of age, the greatest mortality during the year was in the months of January and March. Among those between five years and twenty years of age the most fatal months were March, May, and June. And adults succumbed most numerous during January, in which month the death-rate reached its highest point for the year. The lowest death-rate was in September. Dr. Cunynghame attributes the high proportion of deaths in January to the cold, which proved especially fatal to persons suffering from disease of the respiratory organs.

Ever since the hospital for sailors of all nations was transferred from the Dreadnought in mid-stream of the Thames to a portion of the beautiful building formerly known as the Greenwich Hospital it has been the custom to hold high festival at the latter place during Christmas week. On Christmas morning those who were ena-

bled so to do attended divine service in the chapel. At half past one dinner was served in the halls on the four floors of the hospital, the walls of which were decorated with evergreens surmounted by seasonable mottoes. The tables were presided over by the hospital physicians. In all there were one hundred and thirty guests, the majority of course being natives of the United Kingdom, while many came from foreign countries, including United States, West Indies, Nova Scotia, Zanzibar, and Manilla, thus showing the cosmopolitan character of the institution. At Guy's Hospital after dinner the male patients were allowed the luxury of a pipe—Christmas day being the only day in the year when this privilege is allowed—and very comfortable did the men appear, as those who could get about sat around the huge ward fires and smoked. The festivities at St. Thomas's Hospital were also admirably carried out.

Dr. Richardson has brought into action a new method of killing animals at the home for lost and starving dogs. The home receives from sixty to a hundred inmates every day, in all about fourteen thousand a year. Those animals which arrive in a very unsanitary state are destined to be speedily destroyed; those in good condition are kept a short time to give them an opportunity of either being restored to their owners or sold to any one who will sign an agreement to provide them with a habitation and kindly treatment. The old plan of killing by prussic acid was by no means speedy or free from personal danger to the operator. Dr. Richardson's system of administering carbonic oxide gas with the vapor of chloroform is at any rate devoid of unpleasant spectacles, and is quiet and decent in a degree which can scarcely be surpassed. Within a large brick shed, open at one end entirely, there has been erected a lethal chamber of about twelve feet long and proportionate height and breadth. Its walls are boarded on each side of the framework, and the interspace is filled in with sawdust. The interior space is closed at the entrance by a close-fitting wooden block with four or more leather valves. On tram-rails in front of the entrance stands a wire cage with a wood floor, about ten feet long by four or five feet wide and high. The upper portion of the cage is divided off by an upper floor. On the lower floor the large dogs are placed and on the upper the smaller. The cage will contain about one hundred animals. The preparation of

the lethal chamber is made by two iron cylindrical stoves. The gas jets in these are lighted beneath trays of charcoal. When the latter is fully ignited the draft of the stoves is damped, and the carbonic oxide generated by the slow and imperfect combustion flows by pipes into the chamber accompanied by the vapor from a mixture of chloroform and bisulphide of carbon. When the chamber is well filled with these gases, the cage with its living contents is pushed into the chamber, the wood block permitting the gases to come through its valves as it is made to retreat to the rear of the chamber by the cage. A solid door is now drawn over the entrance and the cage shut out from sight. In a few moments sleep falls upon the poor animals; in from one to two minutes all are in slumber; and in listening through the stethoscope it is found that in about five minutes all is over. Since the erection of the lethal chamber, in March last, seven thousand dogs have been humanely disposed of.

The Prince of Wales and Prince Albert Victor have headed the subscription to provide a permanent memorial to Dr. Paget, Regius Professor of Physic in the University of Cambridge. The committee have decided that the memorial shall take the form of a marble bust of the Professor, to be placed in the interior of Addenbrook's Hospital, Cambridge.

At a meeting, this month, of the Society for the Study and Cure of Inebriety, held in the rooms of the Medical Society, the President (Dr. Norman Kerr) in the chair, Mr. Lennox Browne, in a paper on the influence of alcohol in relation to voice use, presented an abstract of the testimony of three hundred and eighty vocalists. Of that number 101, or 26.58 per cent, claimed to be total abstainers, including some of the most eminent singers in Cathedrals and Chapels Royal. Of the non-abstainers 65, or 23.25 per cent, took stimulants at meals only, and the same number at the close of the day; 26, or 9.3 per cent, at supper only; 47, or 16.8 per cent at meals and the end of the day; the remaining 66 or, 22.9 per cent, acknowledge taking stimulants at all times, according to pleasure and opportunity. As regards taking an intoxicant either immediately before or during the use of the voice as an aid to its exercise, 75 per cent stated that they never did so, and 20 per cent that they did so more or less habitually. Mr. Browne's opinion was generally against the use of alcohol.

At the first meeting of the Pathological Society this year some interesting specimens of fractures were shown by Mr. A. W. Lane. In the specimens of fractured first rib, the first fracture had been one and one fourth inches outside the tubercle, and union was complete. In the second the patient was the subject of rheumatoid arthritis, and the ends were flattened, eburnated and showed marginal bony growths. They were surrounded by a loose fibrous capsule. The fracture was completely ununited; there was also ununited fracture of the acromion. There were three ways in which the fracture might have occurred, (1) force applied directly to the seat of fracture, this was very unlikely; (2) force applied directly to the manubrium, this was improbable owing to the great obliquity of the first arch; (3) force applied to the clavicle and transmitted to the first rib. The seat of the fracture depended a good deal on the direction of the force. In his second case the violence had acted in a vertical direction. He also showed a specimen in which the right first costal cartilage alone had been fractured one eighth inch from its outer extremity. It had not united very firmly, though it was surrounded below and also in front by much irregular callus. He considered that it had been broken by force transmitted vertically through the clavicle.

Another distinguished member of the profession has passed away, Dr. Herbert Davies, consulting physician to the London Hospital. The deceased was the son of a former member of the medical staff of the London Hospital and one of the first to introduce the stethoscope to the profession in England. He was appointed assistant physician in 1845, and became full physician in 1854, an office which he held for twenty years, being appointed consulting physician in 1874.

LONDON, January 4, 1884.

CRANIOTOMY—A DISLOCATION.

Editors Louisville Medical News:

Successful cases may "adorn a tale," but the unsuccessful ones serve far better to "point a moral."

11 A.M., September 27, 1884, I was sent for to consult with Dr. Axtell in a case of difficult labor. The patient, Mrs. W., was a dwarf, five feet high, weighing about eighty pounds. She was in labor for the

third time. Her first child had been born alive. Her second was delivered instrumentally by Dr. Axtell after he had performed craniotomy.

Dr. A. had arrived the evening before. The pains were good until 6 o'clock A.M., when they ceased and did not return even in the slightest degree. The hemorrhage was considerable and the patient feeble. Dr. A. had endeavored unsuccessfully to apply a pair of Hodges' forceps, nor could we succeed better with a pair of Elliott's.

We could not pass the blades by the head, which presented in an occipito-posterior position.

We then performed craniotomy, in default of a better cephalotome, with a butcher-knife, wrapped with twine to within a half inch of the point. After this we succeeded in applying the forceps, and extracted the fetus by exercising powerful traction. The womb did not contract in the slightest degree, nor could we by any artificial means control the hemorrhage, and the patient died within a half hour after delivery. Mrs. W. was a Welsh woman and showed unmistakable rachitic symptoms.

January 14, 1884, Mike Moses, a muscular Bohemian, aged thirty-eight, jumped from a wagon in rapid motion, and struck the frozen ground with great violence.

An old and careful practitioner was called, but in some unaccountable manner overlooked a dislocation of the left humerus, calling it a sprain.

Being a foreigner and penurious, he bought liniments, but did not call on the doctor until May 11, 1884. The doctor made five unsuccessful attempts to reduce it, when I was called in, being able to speak a little Bohemian. I found the arm nearly level with the shoulder, greatly shrunk, and that the elbow could not be brought within a foot of the side. The patient said he had not slept an hour at a time in four months, and constantly supported the crippled arm with his right hand. I advised the use of chloroform and pulleys. The patient though nearly worn out, consented to one more trial. First, I laid him on his back on the carpet, put my heel in his axilla, and grasping his elbow and hand made strong extension and rotation. I could then bring the elbow within six inches of the body. After one more similar effort I could bring the elbow firmly to the side. We lashed it there for a week. Several physicians declared that the dislocation was not reduced, but the arm is filling out and can

now be used in most any kind of farm labor, although it is not quite so strong as the other.

LEVI CHASE, M.D.

IRVING, KAN., January 12, 1885.

SALICYLATE OF SODIUM FOR NEURALGIA AND HEADACHE.

Editors Louisville Medical News:

For the past year I have used salicylate of sodium in a great number of cases of neuralgia and headache. I find it far the best drug that I have ever tried. I prescribe it in ten or fifteen-grain doses every hour until the patient is relieved. I seldom give more than two or three doses in severe cases, and one dose is generally sufficient in mild cases. I have used quinine, morphine, bromide of potassium, etc., but I object to them on account of the dullness and nausea which they are apt to occasion. I consider salicylate of sodium far superior to any of them.

J. L. QUESSENBERRY, M.D.

WORTHINGTON, KY., January 13, 1885.

Selections.

SYPHILIS ACQUIRED WITHOUT ANY PRIMARY SORE.—The subject of the following case, whom I will call A. B., is a medical man, aged thirty, practicing in a small country town where cases of acquired syphilis are any thing but common.

A. B. has always led a strictly sober and chaste life. He was in his usual health in February last, when a gentleman's servant presented himself at the surgery to be treated for a thin, watery discharge from the urethra and nocturnal emissions. There was a very insignificant sore under the glans penis, so small indeed that it could only be called an excoriation. A. B. examined this carefully, and resolved to leave it to take care of itself, the result being that it healed up in a fortnight. The other symptoms were treated, but not syphilitically, and the patient so far improved that toward the end of the month he ceased to attend. About seven weeks after this A. B. began to suffer from very severe frontal headache, both night and day, but worse at night. This increased in severity, and soon partook of a constant stabbing, lancinating character. It was thought that he needed change and rest. No idea of the real nature of the case was as yet suspected. Had he had a

scratch on the finger, to say nothing of a sore, the true cause of the pain would probably have been divined; but he emphatically avers (and the averment may be relied upon) that for some years past he has not had any lesion of the skin in any part of the body, and has run no chance of being syphilitically infected excepting by the servant mentioned above. He now went to the seaside, and a few days afterward general periostitis of the skull set in, and was so aggravated that the whole head was a mass of nodes of the size of walnuts, the pain being most excruciating. At this time he was closely questioned by a medical friend as to any possible way whereby his system might have been poisoned with syphilitic virus; but, after what has been said, I need scarcely add that the malady could not be traced to a primary sore. General cervical cellulitis appeared next, with great enlargement of the post-cervical glands. There was now also, about six weeks after the commencement of the headache, a lichenous rash which covered in a uniform mass the whole of the trunk and extremities; simultaneously with this the tonsils were badly ulcerated, and it was not till that A. B. could be got to acknowledge that he was suffering from many of the symptoms of that protean disease, syphilis. Iodide of potassium was now taken vigorously, and the pain gradually abated. He was at this time returning to his work, and on his way consulted in London one of the greatest authorities on this particular disease, the throat being still ulcerated, and the rash only beginning to fade. This gentleman told him that there was not the least doubt as to the nature of the malady, and carefully examined him for evidence as to primary sore, but none of course could be detected. Mercury-with-chalk pills were ordered, and under this treatment the throat rapidly improved and the rash disappeared by desquamation; but for the next twelve months A. B. suffered from deep fissures and recurrent ulcerations of the tongue, with congestion of the ciliary vessels of the eye and loss of hair.

Now I can most conscientiously aver that this medical man presented himself as a sad example of one in whom, in spite of all his symptoms, there had never been any primary affection; through what particular channel the poison was absorbed is still, and must, as far as I can see, remain a complete mystery; that he never had a chancre I can again most positively aver.

A. B.'s patient, it should be said, returned for treatment, this time suffering from the same unmistakable syphilitic symptoms.—*Stinson Hooker, L. R. C. P., in the London Lancet, December 13, 1884.*

DOUBLE POPLITEAL ANEURISM; FAILURE OF PRESSURE; LIGATURE OF FEMORAL.—Simultaneous aneurism of both popliteal arteries is, I think, sufficiently rare to make this case, did it possess no other features of interest, of value. The patient was the subject of double aortic and mitral disease. He confessed to having drunk a good deal; he was of an irritable and irascible temperament, and the aneurisms, especially the right one, appeared to be of recent formation, and were rapidly increasing in size. He therefore appeared to be any thing but a favorable case for treatment by pressure; but, as it was suggested at consultations that probably no harm could come by giving this a short trial, Mr. Willett had, previously to my taking charge of the wards during his autumn holiday, begun digital compression. The patient bore it so badly that it was discontinued after some hours, and the artery was ligatured at the apex of Scarpa's triangle. Digital pressure on the right side had given him so much pain and annoyance that he would not submit to its being tried on the left, and although after much persuasion he allowed a shot-bag to be placed on the artery, he absolutely refused to have it kept on for more than three or four hours, and begged that the vessel might be tied. Both arteries were secured by applying two kangaroo-tail tendon ligatures about three eighths of an inch apart and dividing the vessel between them. It is not here intended to further refer to the several advantages which this method presents over the ordinary way of tying the vessel. These were discussed and advocated in a paper in the British Medical Journal last year. I would merely add that subsequent experience has not led me to change the opinion that was there expressed that this method is the safest at present known, and I have recently tied the external iliac artery in this way with the most satisfactory result. After the ligature of the right femoral the patient made a rapid recovery; but on the third day after the ligature of the left femoral the temperature suddenly rose and a circumscribed gangrenous patch formed on the inner aspect of the middle third of the left thigh. When gangrene occurs after ligature of the fem-

oral it generally begins in the toes and foot and spreads upward a variable distance toward the trunk; but I have hitherto had no experience of circumscribed patches of gangrene occurring, as in this case, in the thigh. It was quite distinct from the operation wound, which was, moreover, healing satisfactorily, and it could therefore in no way be attributed to any abnormal process going on in the wound. The situation of the patch suggested the idea that it might be due to injury of the branch of the internal cutaneous nerve which crosses the artery at the place where it is usually tied. I do not think, however, that the nerve was injured; it was certainly not seen.—*W. J. Walsham, F.R.C.S., in Medical Times and Gazette.*

GLYCEROLE FOR THE VOICE.—We take the following recipe from the Weekly Drug News:

Egg-yolks,	No. 2;
Glycerin,	Ounces $1\frac{1}{2}$;
Borax,	Grains 10;
Syrup of tolu,	Ounce $\frac{1}{2}$;
Acid, citric,	Grains 20;
Water,	q. s.

Beat up the yolks, dissolve the borax in the glycerin, mix these, add the other ingredients, and make up to four fluid ounces with water. Dose, one dram.

ON Monday, December 8th, at the Medical Society, Mr. Treves read a paper on Intussusception. It was a statistical rather than a clinical essay, but one of great value and interest nevertheless. His object was to show that spontaneous elimination of the intussuscepted gut occurs least frequently at the age when the most dangerous form of the disease is commonest, and in those cases in which ordinary treatment is least successful. Then he urged that laparotomy should be undertaken, and that the surgeon ought not to wait till the effects of the disease almost certainly preclude a successful issue to the operation. Dr. Day referred to a case which he had successfully treated by enemata and two-minim (!) doses of tincture of belladonna. Dr. Routh also spoke of the value of this drug; but in such small doses that we should not expect any assistance from it. He appeared to forget that in order to obtain the physiological action larger doses comparatively must be given to children than to adults, as was pointed out by Dr. Crocker. Mr. Pitts advised careful manipulation, just as

we apply taxis in hernia, with insufflation, under an anesthetic. Mr. Barrow had seen good effects from ice. Mr. Pick thought there was no parallel between intussusception and hernia. Abdominal section was always a very grave and difficult operation; a statement with which Mr. Gould agreed. *Medical Times and Gazette.*

TESTS FOR IDENTITY AND PURITY OF COD-LIVER OIL.—Mr. A. Kremal gives the following method for distinguishing pure cod-liver oil from the spurious oils, based upon their behavior toward fuming nitric acid, specific gravity 1.500.

If ten to fifteen drops of the respective oils be poured on watch-glasses, and two or three drops of fuming nitric acid are slowly poured in from the side, the several oils exhibit the following appearance:

1. Genuine cod-liver oil (from *gadus morrhua*) turns *red* at the point of contact, and afterward when stirred with a glass rod it becomes fiery rose-red, soon passing over into pure lemon-yellow.

2. Coalfish oil (from *gadus carbonarius*) turns intensely *blue* at the point of contact; when stirred it turns brown and remains so for two or three hours, when it finally passes likewise into a more or less pure yellow.

3. Japanese cod-liver oil behaves like the preceding, except that red streaks are sometimes observed along with the blue ones on the addition of nitric acid.

All three varieties likewise yield the well-known color reaction for biliary acids with sulphuric acid. Two different kinds of cod-liver oil appear to be exported from Japan, since Gehe & Co. report having met with one which did not give this color reaction.

4. Seal oil treated as above stated at first shows no change of color and becomes brown only after some time. As this oil is not a liver oil, it of course does not give the reaction for biliary acids.

According to the author this reaction with fuming nitric acid is so intense and characteristic that admixtures of them (of not less than about twenty-five per cent) to genuine oil may be readily detected.—*W. Druggist.*

THE THERAPEUTIC PROPERTIES OF THYME. Camperdon (*Bull. Gen. de Therapeut*) concludes a long article on this subject with the following deductions: (1) In therapeutical doses (three to fifteen grains) the essence of thyme causes mental excitement or stimulation; hence it is a valuable diffu-

sive stimulant in depression following anemia, in conditions of collapse, etc. (2) It is an active diaphoretic and diuretic. (3) From its direct action upon mucous surfaces, it is to be recommended in catarrhal affections of the respiratory and genito-urinary tracts. (4) It is a prompt hemostatic. (5) Thyme possesses powerful antiseptic properties, and is well adapted for use in surgery. (6) It is recommended that the internal administration of the drug be supplemented by its employment in the form of baths, fumigations, and inhalations. *New York Med. Journal.*

SULPHIDE OF CALCIUM TO PREVENT SUPPURATION IN SMALLPOX AND CHICKEN-POX. Surgeon-Major C. J. Peters, of the British army in India (*Indian Medical Gazette*), relates a number of cases in which he succeeded in preventing the suppuration of the cutaneous lesions, and therefore the secondary fever of smallpox, some years ago, by the local use of a mixture of the pentasulphide and the hyposulphite of calcium (commonly called sulphide of calcium) prepared by boiling a quarter of a pound of quicklime and half a pound of sulphur in five imperial pints of water until the liquid was reduced to three pints in measurement, when it was filtered and kept in glass-stoppered bottles. If ordinary well or river water is used, a white precipitate is liable to form in three or four days, while the solution loses its color and is no longer efficacious; it should therefore be freshly prepared in quantities only sufficient for three or four days' use. It is applied to the affected parts two or three times a day, with a feather, taking care that none of it gets into the eyes. As a rule, the pocks thus treated did not suppurate, but withered in the course of three or four days. The author believes that the lotion acts by destroying the germs of the disease, preventing suppuration, and guarding against the complication that results from blood-poisoning. He would now combine its use with the internal employment of the drug.—*Weekly Medical Review.*

ALBUMEN-URINE TEST.—Dr. W. Roberts, who has heretofore given much light on this topic, in a communication in the *Medical Chronicle* opposes those tests that are so delicate as to cause precipitates with other albuminoid materials found in urine, and among them the picric-acid and the iodo-mercuric test. He still prefers nitric

acid, and suggests the use of a saturated solution of sulphate of magnesia, to which is added one fifth its volume of nitric acid.

He prefers the heat test, and to ten cubic centimeters of urine in a test-tube adds a single drop of acetic acid (if the urine be alkaline, it is neutralized in the presence of litmus-paper with acetic acid, then an additional drop of the acid added), and heat applied to the upper half of the liquid in the tube.

Should mucin be present, it readily diffuses itself through the fluid, but albumen does not break up so readily. If, on dropping nitric acid or the sulphate-of-magnesia acidulated solution against the side of the test-tube and allowing it to flow underneath the urine, an opalescence forms, it can only be due to albumen.—*Pharmaceutical Record.*

TREATMENT OF INTESTINAL HEMORRHAGE OF TYPHOID FEVER.—At a recent clinical lecture, Professor Da Costa exhibited specimens from a case of typhoid fever in which death had occurred from peritonitis, with three recent perforations of the bowel. The patient four days before his death had had a profuse intestinal hemorrhage. The distinguished teacher took the opportunity of indorsing the ergot treatment of the hemorrhage, but insisted upon the importance of following it up with decided doses of opium in order to prevent perforation or to limit its effects.—*Philadelphia Medical Times.*

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes in the Stations and Duties of Medical Officers serving in the Medical Department of the United States Army, January 25, 1885, to January 31, 1885.

Webster, Warren, Major and Surgeon, granted leave of absence for one year, on surgeon's certificate of disability. (S. O. 20, A. G. O., January 24, 1885.) *Taylor, B. D.*, Captain and Assistant Surgeon, granted leave of absence for one month, to take effect between March 15, and April 1, 1885, permission to leave department limits. (S. O. 30, Department Texas, January 26, 1885.) *Kean, J. R.*, First Lieutenant and Assistant Surgeon, ordered for duty in Department Missouri. (S. O. 23, A. G. O., January 28, 1885.)

PROMOTIONS.—Lieut.-Colonel *John E. Summers*, Surgeon, to be Surgeon with rank of Colonel, January 9, 1885. Major *Jos. R. Smith*, Surgeon, to be Surgeon with rank of Lieutenant-Colonel, January 9, 1885. Captain *Egon A. Koerper*, Assistant Surgeon, to be Surgeon with rank of Major, January 9, 1885.

APPOINTMENT.—*Henry I. Raymond*, to be Assistant Surgeon with rank of First Lieutenant, January 12, 1885.

THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, FEBRUARY 14, 1885.

Original.

PERITYPHLITIS.

BY W. C. DUGAN, M. D.

Assistant Physician to the Central Kentucky Lunatic Asylum.

[CONCLUDED.]

From some cause my patient's appendix became distended with fecal matter, being unable to discharge its contents as it had habitually done in health. Gradually a part of this material, in consequence of an imperfect peristalsis, began to form those seed-like bodies which were found post-mortem, some two or three in number, impacted in the appendix. These bodies fretted and irritated the mucous membrane until inflammation was established. Plastic lymph was thrown out, binding the appendix with the cecum to the fascia covering the quadratus lumborum muscle, so preventing peritoneal perforation which would have excited either general acute and fatal peritonitis or a circumscribed peritoneal abscess. The inflammation of the appendix vermiformis continued after the latter had been bound by plastic lymph to the fascia, until perforative ulceration followed with an escape of part of its contents into the "tissue of inflammatory new formation," which was the nucleus of the subsequent large abscess. This abscess, constantly receiving fecal matter through the perforation, became larger, and its wall became thinner, because of the continual pressure from within, until, under the straining at stools induced by a dose of liquid Crab-Orchard salts, it ruptured. The time at which the abscess began can be but a matter of conjecture, but I am of the opinion that it was of several weeks' or even months' duration.

Up to the time of the rupture of the ab-

scess, the patient was apparently in perfect health. He was six feet high, weighed two hundred and six pounds, and physically seemed to be a model man. Since his death I have learned from an intimate friend of his that for several months he had had a recurring sensation of uneasiness in his bowels, for the relief of which he had been in the habit of taking salts.

When the abscess ruptured, its contents became partially diffused into the sub-peritoneal tissue, exciting cellulitis with a circumscribed peritonitis and marking the invasion of the disease. The temporary lull of the symptoms on the second day was the result of nature's attempt to arrest the disease; but this was insufficient, and as a result general peritonitis followed on the evening of the third day. Most of these cases terminate in this way. The history of a persistent, vague uneasiness in the bowels may be regarded as highly symptomatic of the disease. When this abscess became large it pressed upon the lumbar plexus of nerves, causing numbness, formication, and paresis of the right leg; and upon the genito-crural nerve of that plexus, the genital branch of which supplies the cremasteric muscle with motor power, causing retraction of the testicle, swelling, and at last an entire disorganization of that gland.

Retraction of the testicle seems to be very rarely met with in this disease, since I have not been able to find among the many reports at hand a single case in which it was noticed. This phenomenon is a prominent symptom in diseases of the genito-urinary tract, especially calculus; not occurring to my knowledge in the disease under consideration. I was at first misled by it, as the report shows. On the second day I made a diagnosis which proved to be correct, and explained the delusive symptom (retraction of the testicle) upon the theory that the abscess was so situated as to irritate

the genito-crural nerve. On post-mortem the nerve was found to pass across the floor of the abscess.

The swelling and disorganization of the testicle resulted from the gland being so tightly drawn up into the external abdominal ring, that the return of blood through the spermatic veins was prevented.

If the patient can withstand shock and the subsequent peritonitis, the abscess will point as do other pelvic abscesses. I am quite sure that most surgeons and physicians have met with just such a case as I have reported, which terminated in a similar way. I am aware of the widespread timidity of surgeons and physicians, especially the latter, upon the question of opening the abdomen. The younger members of the profession, however, are less prejudiced than the older, who are prone to adhere to the old doctrine of conservatism. There is certainly very little danger in opening the abdominal cavity, if the great precaution of the nineteenth century be observed.

Concerning the treatment, Dr. Ashhurst says: "The treatment consists in making a free incision as soon as the occurrence of pointing renders it probable that adhesion has taken place between the peritoneum and the wall of the abscess." Dr. Flint says: "The abscess should be opened as soon as the nature of the case is determined, without waiting for the formation of pus." Mr. Hancock, of London, in 1848, advised this early operation. Dr. W. Parker performed it in 1867, and since it has been performed by Buck, Sands, Weber, and others. Dr. Sands prefers the operation proposed by Dr. Parker, which is as follows: An incision is made two inches long, parallel to Poupart's ligament over the tumescent region. After dividing cautiously the abdominal wall to the level of the fascia transversalis, the hypodermic syringe should be used for exploration to determine the exact locality of the abscess. Then a deep incision one half inch in length completes the operation. Some surgeons prefer to cut down to fascia transversalis only, leaving the pus to discharge spontaneously, so obviating the risk of opening the peritoneum. But if the dissection is carefully made the fascia can be opened without injuring this membrane.

All the operations as yet practiced, so far as I have been able to ascertain, have but the one object to accomplish, the evacuation of the abscess, none designedly to secure the perforated appendix and cleanse the old abscess. The mortality of the disease

as it ran under the treatment of venesection, purgatives, and opium has been much lessened by the procedure proposed by Mr. Hancock, and practiced by himself and others. When the abscess is evacuated it may in a short time heal by granulation, leaving the patient well. I am of the opinion, however, that many of these cases which heal so readily after the operation are not the result of perforation of the appendix, from the fact that an abscess with such cause and relation would in most cases assume the chronic form, with constantly recurring fecal and gaseous discharges from the intestinal tract through the perforated appendix. If the perforation be large it may become attached to the surrounding tissue, and a fecal fistula be the result. But even if the abscess heals, and the perforation be temporarily walled in by inflammatory products, the patient is liable to further perforation, abscess, and peritonitis. The procedure advised by Mr. Hancock seems not to be based upon sound scientific principles, since it is designed to relieve the consequence rather than the cause of the disease, and is not abreast with the abdominal surgery of the present day. Theoretically, but founded upon the results of recent advances in abdominal surgery, it occurs to me,* as it has no doubt to many others, that the most expedient and radical operation would be to cut down upon the appendix and remove the diseased portion of it, dressing the stump as I will describe when giving the details of the operation. In performing this operation the strictest antiseptic precautions should be taken either by means of the carbolized spray or irrigation with the bichlor. sol. 1 to 1000. The cavity of the abscess should be thoroughly cleansed with some antiseptic solution and the abdominal wound closed as after an ovariectomy. I would use chloroform as the anesthetic. The incision should be commenced just external to the deep epigastric artery and immediately above Poupart's ligament. It should extend upward and outward parallel with it to near the ant.-sup. spi. process of the ilium, when the incision must be curved toward the umbilicus and extended until it is five inches in length. It can be lengthened if necessary during the operation. The parts should be divided cautiously to the level of fascia transver-

*Since writing this paper, I have been informed that a radical operation for the removal of the perforated appendix has been recently devised and successfully performed in England, but to this date I have not been able to find any published account of it.

salis, which should not be opened until all hemorrhage has been arrested. If this precaution were not observed, the next step of the operation would be seriously embarrassed, as the tissue would be altered beyond recognition.

Before opening the fascia the deep circumflex iliac artery should be searched for, and if found exposed and ligated, otherwise the vessel would give troublesome hemorrhage. When the fascia is opened the subserous areolar tissue is brought into view, which should be separated from the peritoneum with the handle of the scalpel until the cecum is reached, behind which is situated the abscess. Too much care can not be exercised, in performing this part of the operation, to avoid opening the peritoneum, for if opened some of the contents of the abscess would gain entrance into the peritoneal cavity and subject the patient to the risk of peritonitis. The abscess should be opened and its cavity thoroughly cleansed before the peritoneum is opened. The peritoneum should then be opened at the most dependent part by lifting it up with a tenaculum and making the opening with a pair of blunt-pointed scissors. In order to get to the appendix the cecum should be raised up, so that the incision can be made behind it. The appendix should then be brought out through the opening in the peritoneum and separated from its mesentery. A ligature should be passed around it near the cecum and of just sufficient tightness to prevent the contents of the cecum from passing out when the diseased portions are removed. Then, if the perforation was not too near the cecum, the appendix should be amputated, say one inch from its base. The proximal end should be cleansed with some antiseptic solution, and its lining membrane cauterized. The heat should be just sufficient to excite enough inflammation to be followed by a rapid effusion of lymph to agglutinate the mucous surfaces of the appendix and to destroy its secretory function. By this procedure we may hope to get union of two mucous surfaces, which otherwise would fail to unite.

The distal end of the stump should then be closed with cat- or fish-gut sutures, five or six in number, and there should also be several used to close the proximal end, but not of sufficient tightness to produce strangulation of the part beyond. When the stump has been thus dressed the ligature around its base should be reduced. I

would take this precaution to secure union throughout its whole length. If any doubt be entertained in regard to the union of the cauterized mucous surfaces, it is best to invaginate the ends of the amputated appendix. If there is no oozing from the cut end or from the stitched wounds, the stump of the appendix should be placed back in the peritoneal cavity and the opening in the peritoneum closed with a continued cat-gut suture. An elliptical piece of the peritoneum should be removed to get rid of that portion of it to which the appendix was attached, and the opening closed as before. A drainage-tube should be introduced and the abdominal wound closed. As soon as the operation has been completed the patient should be put to bed and kept semi-narcotized for five or six days, when as a rule the walls of the appendix will have united. His diet should consist of milk.

I like the incision described better than opening the abdomen in the median line; first, for the reason that the abscess is in the majority of cases in the posterior sub-peritoneal tissue, which can be evacuated without opening the peritoneal cavity, and second, the peritoneum is not so extensively injured, while at the same time the opening is in the most dependent portion, which will readily drain through the abdominal wound.

If, however, I were led to conclude that the abscess was within the peritoneal cavity, or if there was any doubt as to the exact locality of the abscess, or if from the obscurity of the symptoms I was unable to say what the exact lesion was, yet the symptoms being sufficiently grave to warrant an operation, I would make the incision in the median line, as it gives a better opportunity to cleanse the peritoneal cavity, or to inspect the abdominal organs in case no diagnosis had been made.

It is not always possible to differentiate between this disease and obstructive diseases of the bowels, such as internal strangulation, valvular-gall-stone intussusception, but fortunately these conditions are more successfully treated by early abdominal section than by any other method, hence inability to diagnose the exact condition in all cases can not be raised as an objection to the operation but rather as favoring an exploratory operation in the median line.

Several authors advise operations for the diseased portion of the appendix when accidentally found ulcerated in an abscess. Mr. Morris, of the Middlesex Hospital,

London, when speaking of scrotal abscess, says:

"When the abscess has been caused by the appendix cecum in a hernial sac, the treatment would be to remove the diseased portion of the appendix and then to close by sutures the cut extremity, taking care to invaginate the walls so as not to bring two mucous surfaces into apposition by stitches."

Dr. Burchard advises that abdominal section be performed when perforation has taken place into the peritoneal cavity, the cavity cleansed and the appendix stitched to the external wound. The appendix has often been found atrophied, hence it has no important part to play in alimentation.

Mr. Morris says:

"Paland mentions the case of a girl, aged twelve, who, after a few days of general weakness and loss of appetite, was found dead in bed. On post-mortem was found ulceration and perforation of the appendix, in which was found a leaden foreign body making its way out."

"Years ago," he (Morris) continues, "I saw, in the practice of my father, a young lady, aged eighteen, suffering the most intense peritonitis, with symptoms suggestive of intestinal obstruction. She died, and on examination a damson-stone was found in the appendix cecum, the extremity of which was destroyed."

In connection with this he goes on to say:

"All cases for the most part end fatally from acute suppurative peritonitis set up by ulceration and perforation of the coats of the appendix."

It is now generally conceded by most surgeons that traumatic perforations of the bowels are more successfully treated by an early abdominal section and a closure of the wounds of the intestines than by the let-alone or expectant method of treatment.

Resection and circular suture of the intestines have recently largely been practiced both for gangrenous hernia and false anus. Pylorotomy or partial gastrectomy, first practiced by Péan, of Paris, in 1879, has since been most extensively practiced by German surgeons. Its sphere of usefulness is growing greater. It was first devised to remove carcinoma of the pylorus, but has since been employed to remove ulcers of the stomach, etc.

If these operations are justifiable, the one that I have proposed for the radical cure of perityphlitis, which I have demonstrated on the cadaver twice, must be equally if not more so. The domain of abdominal surgery is certainly becoming vast, and its results being satisfactory, I think a more radical and expedient operation than has hitherto been practiced

should be resorted to in the treatment of perforative ulceration of the appendix, hence my excuse for writing this paper.

It is only too often a question in these cases of giving the patient the benefit offered by an operation or leaving him to die at the mercy of accident. I consider this one of the class of cases in which "cautious boldness" should be practiced and considered something more than "surgical exercise." "When there is intelligent doubt, skillfully operate" is the proper maxim for guidance in dealing with these cases.

I could wish that this paper were more worthy of publication, but if I am successful in directing the attention of the profession to this yet imperfectly explored part of abdominal surgery, it is all that I could expect, it is all that I could desire.

ANCHORAGE, KY.

TREATMENT OF COLD ABSCESS, WITH THREE ILLUSTRATIVE CASES.*

BY AP MORGAN VANCE, M. D.

My object in reporting these cases is to show how much can be done by the proper use of the aspirator in getting rid of collections of pus in the cold condition wherever found, and especially collections in and about the abdominal cavity.

CASE I. Mr. C., aged twenty-six, was referred to me in the fall of 1882, by Dr. J. W. Holland. His history was strumous, and he had been suffering for several months with uncertain pains about the right hip-joint and anterior part of thigh, which were especially severe in walking. The patient was on crutches, and while standing the thigh was flexed and slightly abducted, with three-quarter-inch atrophy; while in the recumbent position no motion was retarded.

Some tenderness along the anterior crural nerve was found on this side. His general condition was good, but he stated that he had had gonorrhea six years before, with a suppurating bubo on the right side. In this situation a small scar was found.

While palpating over this with a view to finding a cause for the nerve-trunk tenderness, I discovered a tumor the size of a turkey's egg in the right iliac fossa, the subject being so fat that it was found only by deep pressure.

*Read before the Louisville Medico-Chirurgical Society, January 23, 1885. See page 108.

The next day Dr. Geo. W. Ryan, of Cincinnati, saw the case with Dr. Holland and myself. By exclusion a diagnosis of cold abscess was made, notwithstanding the very robust condition of the patient. I aspirated, drawing off nearly a pint of sero-pus.

Four days after this the patient developed intense malarial intermittent fever, which was relieved by large doses of quinine. In ten days the aspiration was repeated, at which time rather less pus was drawn off than at the first attempt. The sac was washed out with a ten-per-cent solution of Listerine, two needles being primarily introduced, the second acting as an outlet for the injected solution. Rapid improvement of all symptoms ensued, and within a month the man was able to go a bird-shooting. I have seen him frequently in the past year; he is still well.

CASE II. *Pott's Disease, Mid. Dorsal; Large collection of pus in right psoas muscle; Repeated aspiration; Cure.* Willie Riley, aged nine, had been under my care since early part of 1881. He was referred to me by Dr. Geo. W. Griffiths. Child progressed well as to the spinal trouble, until the fall of 1883, two and a half years, with no increase of deformity.

I had not seen him for six months, when he walked into my office evidently in great physical distress. An examination revealed the right thigh flexed, abdomen much distended, the right iliac fossa and abdomen filled with pus. The child was greatly reduced in flesh. The aspirator needle was immediately introduced just inside the anterior superior spinous process of the ilium, and nearly two quarts of pus were drawn off.

The boy was put on his back and ordered the best of food, frequent milk punches, and extract of malt and iron. Two weeks later an aspiration removed over a quart of pus. Six aspirations at two weeks' intervals were performed in this case, the child improving greatly in health, and growing very fat and rosy. The quantity of pus obtained decreased at each aspiration, until only a half gill of serum came away, the last introduction of the needle failing to find fluid, though by deep pressure a small lump could be felt at the site of the abscess. This case has since had no refilling or other trouble.

CASE III. *Abscess in the right iliac fossa (in a boy) cured by two aspirations.* Frank N., aged twelve, was referred to me by Dr. Turner Anderson, in the summer of 1884,

with the following history: Three months before I saw him he had come to Dr. A. complaining of pain accompanying the latter part of the act of micturition, at times passing a little blood and mucus. Under treatment he was soon apparently well, and was not heard of by Dr. Anderson till the day before the case was turned over to me. At this time he was much emaciated. He was irritable, had no appetite, and slept badly. He walked with difficulty, because of the marked flexion of the thigh on the right side, extension being resisted at a point past 90°. Further flexion was easily made, and adduction and abduction were present.

A large collection of fluid could be made out without difficulty, extending down into the pelvis and high up in the loin, the patient having fever which increased in the evening. I aspirated with a needle of the ordinary size, just inside the anterior superior spinous process of the ilium as in Case II, and half a pint of pus was evacuated, when it became so thick that it would not pass through the needle. On the next day a trocar and cannula were introduced, so arranged that the tube of the aspirator could be attached, and a quart of thick, tough, ropy pus was taken away, followed by a little blood upon increased suction.

Ten days after this the procedure was repeated, in which I was assisted by Dr. McGuire, and a little less than a quart of the same sort of pus was drawn off. From the first visit milk punch, *ad lib.*, was ordered with tinct. ferri chlor. in ten-drop doses. After the first evacuation the boy improved rapidly, and in six weeks was well, continuing so till this time.

In conclusion I will simply say that, judging from my own experience, Cases II and III would have proved fatal if the abscesses had been opened by the knife. Case I would have recovered treated by either method. The aspirator, of course, did the work in a much more comfortable and cleanly way, requiring less time. We all know how long these abscesses often are in healing when they do not drain the patient to death.

LOUISVILLE, KY.

DR. AMBROSE L. RANNEY, Professor of Applied Anatomy in New York Post-Graduate Medical College, has been appointed to fill the chair of anatomy in the University of Vermont, made vacant by the death of Prof. Darling.

Miscellany.

ABSCESS OF THE LIVER.—In a paper read before the New York State Medical Association, and published in the New York Medical Journal, February 7, 1885, Dr. Janeway says abscess of the liver is more common in this country than is generally supposed. The symptoms are frequently misleading, and good clinical observers often fail to detect its presence. Within the past year seven cases have come under my notice. In summing up attention is drawn to the following points in reference to the subject:

1. Abscesses of the liver can practically be divided into those affecting the left lobe, or the lower part of the right lobe, so that the abscess when formed produces an elastic or fluctuating tumor below the free borders of the ribs, and of those situated in the upper or posterior portion of the right lobe. The reason for this division is that abscesses in the two former situations are easy of access, of diagnosis, and of operative interference. The abscess in the last-mentioned situation is the one which more often gives rise to difficulty in diagnosis, or, if diagnosed, to doubt as to the best and safest methods of interference.

2. There are several methods by which the existence or non-existence of adhesions between the liver and abdominal wall can be made out. The presence of hepatic friction, audible or tactile, shows the absence of adhesions, but the probability that they will soon be formed. If on palpation the edge of the liver remains fixed, and does not descend with respiration, adhesions have in all probability taken place. Again, a long needle—that of a hypodermic syringe or aspirator—introduced into the liver will, if the outer end is left projecting some distance, move upward as the liver descends, and downward as the liver ascends, if no adhesions exist. But if these have formed, then the needle does not move.

3. The difficulties which arise in the diagnosis of liver abscess may in many cases be surmounted by a careful survey of the history of the condition of the liver, and by exclusion of the existence of sufficient disease in other organs to account for the symptoms.

The mistakes which I have seen made have been:

a. To consider a liver abscess some other

disease, as malarial fever (remittent and intermittent), typhoid fever, or tuberculosis.

b. To consider an abscess of the liver some other disease of the liver, as hydatids, cancer, congestion, fatty liver, hyperplasia.

c. To consider the swollen liver an aneurism of the aorta, especially in case of abscess of the left lobe of the liver, where pulsation was communicated to it by the aorta.

d. To consider an abscess of the gall-bladder an abscess of the liver, and *vice versa*.

e. To consider a supra-hepatic abscess an abscess of the liver.

f. To consider an abscess of the liver one of the abdominal wall, and *vice versa*.

Some years since the writer had supposed that a distinction could be made between liver abscess and cancer of the liver by careful attention to the patient's temperature; but subsequent investigation has shown that in cases of rapidly growing or disseminating cancers a hectic type of temperature may exist.

4. As regards the etiology of liver abscess I believe that many of the apparently idiopathic are of traumatic origin. I have in several instances ascertained its occurrence in persons who were in the habit of lifting heavy weights, particularly those who did so in hot places, as firemen, those unloading vessels, etc., by placing the right elbow firmly against the side, and then having the weight raised in this way. By this statement I do not mean to deny the probable influence of bacteria in the origination of abscesses, but to attribute to traumatism the establishment of that favorable condition which will allow of abscess formation.

In concluding I might add to this paper, which is intended to present the subject in a practical manner and as it has occurred to the writer, a few remarks on treatment. I believe that all accessible abscesses associated with an adherent liver are best dealt with by free incision, washing out with an antiseptic fluid, the introduction of a drainage-tube, and by antiseptic dressing.

The use of the abdominal bandage is sufficiently manifest as a means of preventing motion of the liver, and of holding it fixed, and needs no special comment. The medical treatment must be symptomatic. The writer believes that rest, a cool climate, and maintenance of the nutrition and strength of the patient, are the main

ends to be attained. The most important point is to secure an early and safe exit for the pus.

ASEPTOL, THE NEW ANTISEPTIC.—This new phenol compound has recently been brought to the notice of the profession under the name of ortho-oxyphenyl-sulphurous acid, a name which at a glance is intended to make clear its chemical composition. For greater convenience it has been decided to call it aseptol, a name derived from its property of completely destroying the lower forms of life.

Aseptol is said to possess properties which place it far in advance of any thing hitherto offered for like purposes.

It is said to be highly germicidal, to be but feebly caustic, to be abundantly soluble, to possess but a slight, not disagreeable odor, and, so far as experiment has gone, to be far less toxic than carbolic acid. To this last body it stands related in a chemical as well as germicidal sense, and is applicable to all the uses to which it is put. Furthermore, owing to the greater solubility and the comparative innocuousness of the aseptol, it will find many uses where the other body for obvious reasons, is wholly inapplicable.

Aseptol is described as being a viscid liquid of a slightly red color and of a specific gravity of 1.450; its odor suggests that of carbolic acid, but it is far more agreeable. It is supplied by Merck in a solution containing thirty-three and a third per cent of the substance, and in this form it is eligible for immediate use or for dilution to any desired strength. From the report of Drs. Leroy and Von der Shriek, of Antwerp, who studied quite extensively its therapeutic applications, the following table of advantages is derived:

1. It is very soluble in water.
2. It is very slightly caustic.
3. It is free from irritating qualities, and may be applied for a long time to the skin, the eyes, the bladder, etc.
4. Finally from its slight toxicity, which permits its use internally in considerable doses, and also the application of it in concentrated solutions to diphtheritic pharyngitis, and laryngitis, we anticipate for it a wide field of usefulness. S. F.

DISINFECTANTS FOR CLOTHING.—In cases of smallpox, yellow fever, and some other contagious diseases, the clothing and bedding used by the patient while sick should be burned. In other cases, it may be disinfect-

ed by thoroughly baking in an oven. Beds should be thoroughly disinfected after every case of contagious disease.

The National Board of Health recommended a few years ago, for clothing, a solution made of four ounces of zinc sulphate and two ounces of common salt, to the gallon of water. The solution should be made boiling hot, and after the clothes have been placed in it, piece by piece, it should be kept boiling hot until it has permeated every portion of the clothing. If nothing else is possible, clothing which has been exposed should be *thoroughly* boiled before being used again.—*Druggists' Circular*.

OSMIC ACID is recommended by James Mercet, M. R. C. S., in the *Lancet*, for sciatica. From three to five minims of a one-per-cent solution is injected by the hypodermic syringe deeply into the parts over the course of the nerve midway between the tuber ischii and the trochanter major. There may be slight numbness following. In some the effect was marvelous. Out of eighteen cases twelve were given relief for several weeks, when they passed from under observation.

INTEMPERATE EATING.—Two cases are reported in an exchange. The first is that of a railway clerk, who appeared well when he went to bed on a Sunday night, but died before morning. The medical man who examined the body found the stomach largely distended with undigested food, which had stopped the action of the heart. The other case was that of a negro from Sierra Leone in whose stomach whole potatoes were found.—*Druggist's Circular*.

THE TREATMENT OF RINGWORM.—In an article in the *British Medical Journal*, Mr. Alder Smith recommends a solution of chrysophanic acid in chloroform as an application to ringworm. The chloroform dissolves the fatty matter in the hair follicles, and thus allows the acid to get to the parasite. The hair should be closely clipped. The strength used is seven grains of the acid to the ounce of chloroform.

It is claimed that the disagreeable odor of turpentine oil may be disguised by an admixture of an equal part of oil of lemon.

THE annual meeting of the New York State Medical Society was held in Albany, February 3d, 4th, and 5th.

The Louisville Medical News.

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SCARLET FEVER PROGNOSTICS.

The appearance of a few cases of scarlatina maligna last week in the extreme western portion of Louisville gave rise to a scare in that locality, and through the weird word-pictures of some talented reporters of the daily press excited much concern among the parents of the little ones throughout the city.

The ominous words "Black Scarletina" in heavy caps frowned threateningly from the top of the column, and doubtless brought to the minds of the cultured visions of the Black Death which wasted Europe in the fourteenth century, and to the simple folk the apparition of a destroying fiend escaped the pit with the dust of the infernal world unshaken from his plumes. The following well-meant, timely words from one of our prominent practitioners have served to quiet public fear, which so far as the implicated locality is concerned seems not to have been without foundation. He says:

It is not at all unusual for children dying from eruptive diseases to become dusky before and mottled after death. Such phenomena are as common after measles as after scarlatina. There is but one poison in these cases, and the community need have no fear that a new plague has been

started. There is no more danger from these cases than from others of less severity. In the first place, it should be known that scarlet fever and scarlatina are one and the same disease, for which there is one poison or germ, just as there is one measles poison and one smallpox poison. It is not presumed that a man has a less severe case of smallpox because he contracted it from a mild case of varioloid, and, conversely, that a case of scarlatina contracted from a malignant case is not necessarily malignant. Malignancy and severity of cases most frequently depend upon some unknown constitutional peculiarity in the individual attacked. So the community need feel no more apprehension in regard to the Portland cases than any others of less severity, nor from any cases where due diligence and care are exercised by attention to personal cleanliness and disinfection by attendants.—*From the Louisville Evening Times, Feb. 7, 1885.*

Now, while most of the statements here made are not without the warrant of high authority, it must be admitted that the writer is somewhat too dogmatic upon certain mooted points, while he fails to take note of a prime factor in all prognostic calculations touching scarlatina.

In no disease are degrees of severity more marked than in scarlatina, which may range all the way from cases which scarcely interrupt the child at play to cases which develop in a few hours the gravest symptoms, with an inevitably fatal issue.

That these differences are simply of degree is possible, the specific poison being the same in every case, while constitutional peculiarities in the person attacked, as the writer avers, may account for mildness on the one hand and malignancy on the other; but nevertheless it can not be denied that the disease is almost universally malignant in some epidemics and quite benignant in others. It is still a moot point with observers as to whether these variations be due to degrees of virulence in the miasm, to local conditions, or to personal susceptibility. If the last hypothesis be urged, it must be admitted that this susceptibility is often owned in common by a great number of children scattered over wide areas. Touching these questions Alfred Loomis, in his recent work on Practice*, says:

*William Wood & Co., New York, 1884.

No reason can be assigned for its variations in type or severity. For years the type of fever which appears in a given locality will be exceedingly mild in character, when suddenly, without any assignable cause, a most malignant epidemic will prevail.

Again this author says :

The most frequent irregularity in the manifestation of the disease is noticed in that class of cases where we have complications resulting from the overwhelming of the cerebro-spinal system with the scarlatina poison. This is due to some peculiarity of the poison, and is characteristic of certain epidemics.

Further Dr. Loomis remarks :

The prognosis in scarlet fever will be influenced more by the character of the prevailing epidemic than by any other circumstance.

Thomas*, while giving due weight to personal susceptibility, notes the fact that the disease prevails with a severity peculiar to or characteristic of a given epidemic. He ascribes the malignancy, however, to local conditions, and cites in proof of this the fact—

That scarlatina may infect neighboring localities in a mild and malignant manner at the same time. Thus Stiebel mentions the epidemic at Frankfort in 1816 as one of the mildest, while the same is described by Kopp, in the neighboring town of Hanau, as one of the severest.

Thomas says further :

The prognosis in by far the greater number of cases is chiefly determined by the character of the epidemic.

Frederick T. Roberts† says in the same connection :

The chief circumstances which render the prognosis grave are a severe epidemic type of the disease, etc.

Austin Flint‡ observes :

Richardson has advanced the opinion that the relative proportion of severe and mild cases is always about the same, viz., as one to five, there being a sufficiently large number of mild cases to equalize the ratio whenever the number of fatal cases is large. This opinion is opposed to common observation. The prevailing type of the disease in some seasons is mild and in other seasons se-

vere. Whether this variation be due to a difference in the virulence of the miasm or to adjunctive influences we are unable to say.

Eustace Smith* says :

Different epidemics have different degrees of severity ; but, apart from the special type of fever prevalent, the intensity of the disease is dependent more upon the constitutional state and sanitary surroundings of the recipient than upon the severity of the disease in the person from whom the infection is conveyed.

In another place he says, under *Prognosis* :

The exact character the fever is to assume appears to depend upon the type of the epidemic and the constitutional peculiarities of the patient.

It would be easy to multiply quotations to the point, but the above are sufficient to show that, whatever may be said for or against individual susceptibility, the most eminent writers of the day agree in one thing, which is that the *prevailing type* of the disease must ever be taken into account in scarlatina prognostics; and this not only as to the probable issue in a given case but also as to the probable severity or mildness of an incoming endemic or epidemic.

The majority of the profession will certainly agree with the writer in question, "that a case of scarlatina contracted from a malignant case is not necessarily malignant," but that such a case (the prevailing type being severe) is much more likely to be malignant than it would be if contracted from a mild case (the prevailing type being mild), is a claim which finds support in innumerable observations.

It will be noticed that the authors here quoted lay much stress upon local conditions as a factor in determining the degree of severity which a given epidemic shall assume, and we know that the writer under review is too skillful a sanitarian to overlook this factor in a locality like Portland, a large part of which was laid under water by each of the spring freshets of the last two years. His statement therefore, that the "community need feel no more apprehension in regard to the Portland cases than any others of less se-

*Ziemsser's Cyclopaedia, Vol. II.

†Practice of Medicine: P. Blakiston, Son & Co., Philadelphia, 1884.

‡Practice of Medicine: Henry C. Lea, Phila., 1868.

*Disease in Children: William Wood & Co., New York, 1884.

verity," if intended for the whole city of Louisville, is a point certainly well taken; but if it be designed to meet the exigencies of the endemic at Portland the remark can not be said to accord with general professional experience.

But the object of this article is not to pass strictures upon what are probably some hastily-written statements by an esteemed friend and confrère, but rather to emphasize the importance of the prevailing type as a factor in the prognosis of individual cases of scarlatina, and to insist also that it shall be given due weight in all sanitary prophecies; that the physician and the health officer shall look upon the first cases of scarlatina in an endemic or epidemic as an earnest of those which are to follow, in the immediate neighborhood at least; and that, in case these show any sign of malignancy, the most radical sanitary measures which the law allows may be taken at once against the further spread of the disease.

THANKS.—For the life-like portrait of Dr. C. C. Graham, published last week, we are indebted to the courtesy of Mr. W. N. Hal-deman, the distinguished president of the Louisville Courier-Journal Company.

Bibliography.

The Science and Art of Surgery. A Treatise on Surgical Injuries, Diseases, and Operations. By JOHN ERIC ERICHSEN, F. R. S., LL. D., F. R. C. S., Surgeon Extraordinary to Her Majesty the Queen, ex-President of the Royal College of Surgeons, England, etc. Eighth edition, revised and edited by Marcus Beck, M.S. and M. B., London, F. R. C. S., Surgeon to University College Hospital, etc. With 984 engravings on wood. Vol. I. Philadelphia: Henry C. Lea's Son & Co. 1884. For sale by John P. Morton & Co.

For many years this classic work has been made by the preference of teachers the principal text-book in surgery for the English and American medical students, while through translations into the leading continental languages it may be said to guide the surgical teaching of the civilized world.

In America especially has its influence been supreme, and the author shows his appreciation of the compliment paid him in the popularity of the work with us, by a graceful dedication of the present edition to the surgical profession of the United States.

As was clearly necessary by virtue of the recent rapid advance in all departments of surgery, the revision of the work has been thorough, and in some instances radical. In much of this, however, the author shows the wise conservatism, ever characteristic of one whose years have given him large experience, and whose skill has made effective and safe in his hands measures which have proved doubtful or dangerous in the practice of younger men. This may be illustrated by reference at random to a few questions which have of late been made matters of controversy.

In speaking of anesthetics, and the relative claims of chloroform and ether, the author says:

As to applicability, there can be no doubt that in the vast majority of cases both are equally applicable. . . Ether is preferable in those cases in which from severe shock the nervous powers are greatly depressed . . . and in atony of the heart, whether from fatty degeneration or from an enfeebled or dilated state of the ventricles. . . Chloroform appears more applicable in those cases in which it is necessary to maintain the anesthesia for a great length of time. . . In all abdominal surgery chloroform is preferable, as the violent respiratory movements that so commonly occur in consequence of the accumulation of mucus in the lungs and larynx during the administration of ether may prove a serious inconvenience to the surgeon. . . *As to convenience*: In this respect chloroform undoubtedly possesses a vast superiority over ether. . . Chloroform is infinitely more convenient than ether in many ways. *As to safety*: No anesthetic is absolutely safe. . . With ordinary care and some degree of experience the risk is capable of being reduced to very trifling proportions. But, slight as is the danger, . . there is still undoubtedly a certain definite peril attendant upon their use. That this is somewhat greater when chloroform is used than when ether is employed is generally acknowledged—how much greater is uncertain.

From the foregoing, it is evident that the author hears without taking sides the ether *versus* chloroform controversy, and finding chloroform practically safe and far more convenient in his hands, continues to use it in spite of the many deaths chargeable to its account. Like all other English surgeons (though he admits that it may be given through a hollow sponge), he seems to regard the inhaler as necessary to the effective administration of ether, and doubtless this delusion has operated much to the prejudice of this anesthetic in his hands.

In the matter of ligatures Mr. Erichsen does justice to all worthy candidates for favor, but states in unmistakable terms his preference for the catgut and silk. The gut of the silk-worm, the ox-aorta, and the silver wire find little or no favor with him.

The author, in his introduction, pays a handsome tribute to the doctrine of antiseptis, averring that it marks an epoch in surgery; but nevertheless his treatment of the question later in the work does not seem to show that he has been brought fully under its spell. He believes in cleanliness, and speaks in high terms of carbolic acid in the treatment of abscess and wounds, hinting that he sometimes makes use of the spray; he also makes respectful mention of iodoform, chloride of zinc, permanganate of potassium, boracic acid, thymol, etc., but in such a way as to betray a conservative attitude to this much-discussed and certainly mooted question.

After a somewhat careful, but not exhaustive search, we are unable to find any thing more than a passing reference to bichloride of mercury as an antiseptic or germicide, and this is a quotation from Robert Koch's detailed experiments upon the power of certain chemicals to destroy microbes. The author of course speaks in high praise of mercury as a therapeutic agent, and gives the usual rules and methods for its internal and external administration, but so far as we have searched his pages we find no case in which he advises the use of HgCl_2 (1-1000), or otherwise in the treatment of wounds or abscesses as an antiseptic or germicide. This would seem to be "the most unkindest cut of all," but possibly his pages were in the hands of the printer before the sublimate was brought to the test in surgical practice.

The general character of the work needs no comment. Suffice it to say that in the scope of Vol. I no excellence of the former edition has been dropped, and no discovery, device, or improvement which has marked the progress of surgery during the last decade has been omitted. The illustrations are many, and executed in the highest style of the art. The editor has done his work critically and carefully, and as a disciple who keeps his master ever in view.

Manual of Nervous Diseases and an introduction to Medical Electricity. By A. B. Arnold, M. D., Professor of Diseases of the Nervous system and Clinical Medicine,

College of Physicians and Surgeons, Baltimore, Md. With illustrations. New York: J. H. Vail & Co. 1885.

Annual report of the Supervising Surgeon-General of the Marine-Hospital Service of the United States for the fiscal year 1884. (U. S. Marine-Hospital Service.) Washington: Gov't. Printing Office. 1884.

A Practical Treatise on Diseases in Children. By EUSTACE SMITH, M. D., Fellow of the Royal College of Physicians; Physician to His Majesty the King of the Belgians; Physician to the East London Children's Hospital, etc. New York: William Wood & Co. 1884. For sale by John P. Morton & Co.

That an English author of such distinction as Dr. Smith should make his longest and most thoughtful literary venture with an American publisher is a compliment to American medicine, and a worthy testimonial to the enterprise of the great house from which it issues.

The volume is an octavo, printed in long primer without leads, of 844 pages and 101 chapters. The author treats his subject systematically in twelve parts: Part first being devoted to the Acute Infectious Diseases; part second to General Diseases not Infectious; part third to Diathetic Diseases; part fourth to Diseases of the Ductless Glands and Blood; part fifth to Diseases of the Nervous System; part sixth to Diseases of the Organs of Respiration; part seventh to Diseases of the Heart; part eighth to Diseases of the Mouth and Throat; part ninth to Diseases of the Digestive Organs; part tenth to Diseases of the Liver; part eleventh to Diseases of the Genito-Urinary Organs, and part twelfth to Diseases of the Skin.

Thus it will be seen that nearly the whole nosological category is passed in review, with such limitations as the conditions of childhood demand. The book is not loaded down with reports of cases, statistics, or an elaborate bibliography, but every affection is philosophically handled, the author making good use of the observations of others when necessary, but in the main drawing upon his own great resources, which represent a practical study of more than twenty years' duration. This gives the work a decidedly original color, and they who seek its pages for information beyond that obtainable through current medical literature will not be disappointed.

While the pathology and symptomatology

of diseases of children are handled in a most satisfactory manner, it will be found that the author devotes the best part of his work to the all-important questions of the hygiene of young children, and the therapeutics of their peculiar ailments. In this he has been at much pains to note every medicine and detail of management which can in any way contribute to the success of the physician in so important a subdivision of his field of labor. The work is a noble one, and will long hold place among the classics of medical literature.

A Manual of Dermatology. By A. R. ROBINSON, M. B., L. R. C. P. and S., Edin.; Professor of Dermatology at the New York Polyclinic; Professor of Histology and Pathological Anatomy at the Woman's Medical College of the New York Infirmary, etc. New York: Birmingham & Co. 1884. For sale by John P. Morton & Co. Price, \$5.00.

In press-work and general appearance this is an elegant book, and seems on perusal to be in contents worthy of the pains bestowed upon it by the publishers. The author writes with ease and simplicity of diction, and shows himself to be an enthusiastic disciple of Hebra and Kaposi, while he repeats respectfully the conclusions of Wilson, McCall Anderson, and other English masters of his specialty. He seems, however, not to be on reflecting terms with our native dermatological lights, or at least has found in their writings, with the exception of *Duhring's*, little that served his purpose in the construction of the present work. He makes use of the classification of Hebra, and, in doing so, speaks in belittling terms of the classification adopted by the American Dermatological Association.

The work will prove interesting to the general practitioner, since the author is free of illustrations, clear in his statement of points bearing upon diagnosis, and simple, sensible, and scientific in his suggestions for treatment. The pathology of the work can not fail to interest the specialist. In this department the author is most happy, proving himself to be indeed a master of the subject.

The Hygiene of the Nervous System and Mind. By C. H. Hughes, M. D., St. Louis, Lecturer on Psychiatry and Neurology, St. Louis Medical College, etc. Reprint from the *Alienist and Neurologist*, St. Louis, January, 1885.

Transactions of the American Dermatological Association: Eighth Annual Meeting, held at Highland Falls, near West Point, New York, on the 27th, 28th, and 29th of August, 1884. Official Report of the Proceedings by the Secretary, W. T. ALEXANDER, A. M., M. D. New York. 1884.

This is a modest pamphlet of 26 pages. From its account the attendance at the meeting was small, but large enough to number the majority of the leading dermatologists in the country. The papers read were brief, and in every instance contained something new, striking, or suggestive in the pathology, clinical history, or treatment of the affections under discussion. The proceedings will find many appreciative readers among the general practitioners of the land.

Societies.

LOUISVILLE MEDICO-CHIRURGICAL SOCIETY.

Stated meeting, January 23, 1885. J. W. Holland, A. M., M. D., President, in the chair.

Dr. Vance read a paper on treatment of cold abscess. (See page 100.)

Dr. Marvin reported a case of suppuration of a gland under angle of the jaw which had run a very protracted and troublesome course.

Dr. Vance stated that he frequently treated such cases by aspiration, washing them out thoroughly, for which purpose a counter opening was made to give exit to pus and injected fluids.

Dr. von Donhoff stated that when a gland began to suppurate it would continue to do so until the entire gland was destroyed, so he considered it best to remove the gland by enucleation or by the cautery.

Dr. Bailey wished to know to what glands Dr. von Donhoff had reference in his remarks, and if he meant to make the same statement with regard to the mammary gland, the liver, etc.

Dr. von Donhoff stated that he had had reference more particularly to lymphatic glands. The mammary gland he stated was divided into a number of lobes by a condensation of connective tissue, and that an abscess of this gland destroyed completely all the lobes affected so that in subsequent pregnancies scarcely any milk is furnished on account of the atrophy following the abscess.

As for abscess of the liver he believes

that it almost invariably terminates in death sooner or later. As for lymphatic glands, when they once begin to suppurate they invariably continue to do so until the entire gland is destroyed.

Dr. Scott maintained that a large per cent of lymphatic-gland suppurations are due to constitutional causes, generally to scrofula, and that proper medication will frequently render operative procedure unnecessary.

Dr. Vance reported a case where a lymphatic gland of the neck suppurated and the abscess was opened by the knife, leaving a very ugly zig-zag scar. Sometime afterward a similar gland on the other side of the neck went on to suppuration, the patient then applying to Dr. Vance. The abscess was aspirated, leaving only a very small white scar.

Dr. Cottell spoke in favor of iodine in scrofulous glandular affections, and expressed his preference for iodinated horse-radish or sodium iodide in such cases. He stated that all salts of potassium had been shown to be poisonous, and that they exerted a deleterious influence on the blood when given for any length of time.

Dr. Cartledge stated that he had frequently had very good results from the use of small tonic doses of mercury (one tenth grain of bichloride) in scrofulous children.

Dr. Marvin exhibited a microscopical specimen of the spinal cord of a man who died from a fracture of the fourth cervical vertebra, sustained in a railroad accident, showing a hemorrhage into the cord.

Dr. Cottell. This case is interesting from a physiological point of view, as the spinal accessory which furnishes laryngeal filaments to the vagus comes off from the cord at the fifth cervical vertebra; Dr. Marvin's patient had paralysis of the vagus; it would be interesting to note whether this was partial or complete.

Dr. Wilson reported a case of aneurism of ascending portion of the arch of the aorta which, by its pressure, had destroyed a part of the sternum so that it was only covered by the skin. No difference was noticed in the pulse at the two wrists.

Dr. Roberts reported several cases of hernia, one case occurred in a man who had had a hernia for some time which descended whenever he strained himself. While carrying a trunk it became extruded. Patient had vomited twice when seen. Movement caused pain, pulse eighty. An unsuccessful attempt at reduction was made under

chloroform. Drew off fluid from the sack with a hypodermic syringe but still it could not be reduced. Patient was put to bed so as to get the benefit of gravity.

When seen the next morning the temperature was 100° and the patient had vomited frequently during the night. On operating the hernia was found to consist of omentum and intestine. The omentum which was found in the sack was almost black, and was cut off. The intestine was found to be unaffected. The case ended fatally.

Mr. W., had a hernia for sixteen years and had been wearing a truss. On descending the steps he suffered from pain which caused him to go to bed. His bowels became constipated and distended with gas. Patient was nauseated but had not vomited. Tongue dry and coated. Temperature and pulse normal. Patient was operated on and a strangulated hernia was found, the sack being removed. The sack had a small secondary sack containing pus. Patient made a good recovery.

Another case was in an old lady sixty-five years of age, very thin. She had had a double hernia for some time but had not worn a truss. A few days ago the hernia came down and ineffectual attempts were made at its reduction. The hernia had merely become irreducible but was not strangulated. In a few days symptoms of inflammation made their appearance. On operating the sac was found to contain intestine and omentum, and about a half ounce of bloody serum. The sac was more inflamed than the contents. Patient made a good recovery.

No. 4. occurred in a man who had had a hernia for some time and was wearing a truss. During sexual intercourse the truss came off, and as it was not immediately replaced the hernia descended. Considerable difficulty was found in reduction.

Dr. Cottell reported the successful use of paraldehyde in a case of mania where the patient was sleepless and violent after taking large doses of bromide of sodium.

Dr. Roberts reported that he had failed to get any effect after using two ounces of the elixir of paraldehyde in a similar case.

R. MAUPIN FERGUSON,

Secretary.

A BILL to regulate the practice of medicine in the State of New York was introduced into the Assembly on the 27th January.

Correspondence.

PARIS LETTER.

[FROM OUR SPECIAL CORRESPONDENT.]

In his thesis for the doctorate, on epilepsy in its relation with pregnancy and parturition, Dr. R. Beraud, a pupil of Professor Ball, makes some very interesting observations on the subject, and the following are the conclusions of his thesis: Pregnancy is not a cause of epilepsy; uterine epilepsy of the ancients is the eclampsia of the modern writers. The influence of pregnancy on pre-existing epilepsy may be favorable, unfavorable, or nil; favorable, if it entirely suspends the attacks, or only diminishes the number; unfavorable, when the attacks are increased in frequency. In general the peculiar characteristics are not modified; the form and intensity of the attacks remain the same. The cases in which the influence of pregnancy is favorable are the greater number. In the same woman the influence of pregnancy is stereotyped, uniform; that is to say that which it was in a first pregnancy it will always be in the subsequent pregnancies. The modifying action of pregnancy is generally of a temporary character and is limited to the duration of gestation; in other words, the ulterior progress of the epilepsy is not modified. There does not appear to exist a collection of precise conditions, clearly determined, which would foreshadow the character of the modifications which pregnancy is susceptible of impressing on the epilepsy. Parturition is not a cause of epilepsy. The influence of parturition on pre-existing epilepsy is nil. In the exceptional cases where labor comes on in a convulsive fit, the influence of the attacks of epilepsy on the uterine contractions appear to be nil. Marriage does not cure epilepsy; it aggravates it. Bromuration, which is useful to the mother, is not injurious to the infant. Epilepsy does not appear to predispose the subject to eclampsia.

In a work by Dr. Muselli, of Bordeaux, on enteroclysm he points out the great utility of this method of treatment in several cases which are considered more or less intractable. He describes the enteroclysis as an instrument designed to inject different liquids into the intestines. It is composed of a metallic vessel capable of containing two liters of fluid. To the body of this pump is adapted an india-rubber tube of

four or five meters in length, at the extremity of which is fitted a pipe of twenty-five or thirty centimeters long, and is also provided with a tap. In fact the enteroclysis is the ordinary French irrigator or syringe considerably increased in size. The force of the fluid injected by the enteroclysis is far greater than that of any other syringe or even than that of the seltzer-water syphon bottles, which are sometimes resorted to in similar cases, as with the enteroclysis the liquids have been known to reach the small intestines and even the stomach. In some cases the liquid injected by the anus has been vomited by the mouth. The employment of the instrument is simple enough; it is suspended filled with the liquid for injection, at the height of a few feet above the level of the patient; the patient, either in a sitting posture or lying in his bed, introduces the pipe into the rectum and opens the tap.

The following are some of the cases in which Dr. Muselli employed the instrument with apparent success: (1) Nervous affections of the intestines or what is termed intestinal dyspepsia. This affection, is due to the passage from the stomach to the intestine of badly prepared chyme, which soon ferments. The pain which accompanies this dyspepsia is dependent on the nervous system. The washing out of the stomach with the stomach-pump containing an alkaline or other liquid is unbearable to certain subjects. This can not be said of the enteroclysis, which has the advantage of completely emptying the entire tract of the intestinal canal. The nervous spasm of the intestine is modified by enteroclysm. Constipation independent of an affection of the nervous centers, and having for cause a local malady of the intestine, is also cured by enteroclysm. (2) In congestive and inflammatory affections of the intestine, such as simple enteritis, ulceration of the mucous membranes of the intestines in dysentery and typhoid fever, enteroclysm is invaluable, as by its means the intestines are thoroughly cleared of all offending matter, and instead of administering by the mouth the various preparations used in such cases they may be preferably introduced directly into the intestine. (3) In intestinal occlusion, enteroclysm is a great resource as a remedial agent. The author cites several cases of cure by this means. (4) For feeding by the rectum enteroclysm is preferable to simple enemata, as by the latter no more

than fifty or sixty grams of fluid can be injected into the rectum at a time, whence the necessity for repeating these enemata several times in the day, which ends by producing irritation of the anus and rectum. Moreover, the nutritive fluids introduced only into the rectum do not undergo the phenomena of digestion, whereas with the enteroclysis a much larger quantity of alimentary fluid can be introduced and pushed much farther into the intestine, where it would be in direct contact with the digestive fluids. As a precautionary measure the liquid to be injected may be rendered lukewarm, and previously submitted to the action of pepsin or the gastric juice of animals. In the divers cases where the introduction of alimentary substances by the mouth is impossible (tetanus paralysis of the muscles of deglutition etc.) the necessary quantity of water may be furnished to the organism by enteroclysm. The author then points out the great utility of enteroclysm in the following circumstances: In impassable stricture of the esophagus, enteroclysm should be employed before resorting to gastrostomy. Should the stricture be of a cancerous nature, gastrostomy and enteroclysm may be utilized at the same time. If the stricture is the result of an ulceration or of syphilitic gumata, enteroclysm may be resorted to for the administration of the iodide of potassium and of alimentary substances by enemata. Gastrostomy should be resorted to only in case of failure by the above treatment. In stricture resulting from the swallowing of caustic substances, enteroclysm will often be found sufficient to keep up the strength of the patient and thus defer the necessity for gastrostomy for an indefinite time. In cases of cancer of the pylorus, enteroclysm is preferable to gastrectomy. In grave dyspeptic troubles caused by anemia enteroclysm should be tried before having recourse to transfusion of blood proposed in these cases.

The writer of this letter would suggest the employment of enteroclysm in cholera as he considers that it would render invaluable service in that most mysterious and terrible malady.

PARIS, January 23, 1885.

Some original and translated articles are crowded out of this issue, the appearance of which the authors had reason to expect. Our next will contain them.

Translations.

EVERY MAN HIS OWN LIFE PRESERVER.* M. Sylvester, the doctor so well known by his studies of the treatment of those who have been drowned, has recently made some experiments very original in the insufflation of air in the subcutaneous cellular tissue. By this means he has succeeded in rendering animals capable of floating in water without effort, and he thinks the procedure may be made of service to man. In 1883 he introduced into the subcutaneous cellular tissue of a cadaver a quantity of air sufficient not only to prevent it from sinking but also sufficient to support a weight of about twenty kilograms (fifty pounds). It is only necessary to make a small incision at the wrist, and to introduce under the skin the point of a tube which is to be connected with a syringe.

Since then M. Sylvester has been seeking some more simple and practicable means of accomplishing this on the living.

The following is the original procedure which he has adopted: A small puncture is made in the mucous membrane of the mouth, opposite the first inferior molar tooth, with a penknife. It is necessary to introduce the knife sufficiently deep to perforate the superficial aponeurosis without wounding the skin. The instrument is then withdrawn, and closing the mouth and holding the nostrils closed, violent efforts at expiration are made. The air in the mouth, being strongly compressed, penetrates by the small wound into the subcutaneous connective tissue, and extends over the neck and breast down to the nipples. The time necessary for the procedure is not more than three minutes. To prevent the escape of the air, pressure may be made with the finger on the skin corresponding to the puncture, or the jaws may be kept distended with air. The operation causes only an insignificant degree of pain, and gives rise to no disagreeable accidents. The quantity of air thus forced into the subcutaneous connective tissue is sufficient to support thirteen pounds (five kilograms) in water. The human body is thus rendered incapable of sinking. M. Sylvester believes that this procedure, so strange in appearance, is capable of rendering much service in cases of shipwreck. To allow the air to escape, pressure is removed from the small opening and a few efforts are made at suction.

*Translated from *La Semaine Médicale* by R. Maupin Ferguson, M. D.

Selections.

TREATMENT OF SPRAIN BY THE ELASTIC BANDAGE.—This method of treating sprains has recently been recommended by Marc See. It is the only method which fulfills the two indications: (1) To cause as rapid absorption as possible of the blood extravasated around the joint (a lesion which controls all the other symptoms, such as pain, swelling, difficulty of movement, etc.); and, (2) To favor cicatrization of the torn ligaments and ruptured parts by complete immobilization.

The antiphlogistics and blood-letting formerly advised by Hunter and Guersant only partially fulfill the the former indication. There are the same objections to the movements which Ribe and Bonnet advise for the injured joint. The refrigerants and cold-water baths advised by Baudens cause contraction of the tissues around the joint, and dispel the inflammation, but they are not favorable to the absorption of the infiltrated fluids. Even massage, though superior to the other remedies just mentioned, fulfills only the second indication; furthermore, it is inconvenient, and requires much patience and time; and between the manipulations the swelling reappears and the pain returns. It is true that massage has the advantage of removing the extravasated materials from the region of the joint toward the more vascular portion of the limb, where they are more easily absorbed. But the elastic bandage has this advantage in a greater degree, since its action is continuous. Finally, and above all, it favors immobilization of the joint, which is impossible during massage, and without which it is almost impossible to get cicatrization of the torn structures and complete recovery in sprains of any intensity. The bandage should be applied to the skin itself, care being taken to fill up the flat and depressed places with wadding, so as to give a uniform surface around the joint for the bandage to act upon.—*Revue de Therap.; Practitioner*,

BEECH-CREASOTE IN PULMONARY AFFECTIONS.—Dr. Lasinee recommends a combination of creasote, balsam of tolu, and Norway tar in the treatment of pulmonary affections. He gives the following formula: Pure beech-creasote, 1 minim; purified Norway tar, balsam of tolu, each, 1.5 minim. Inclose in a capsule. In incipient phthisis, two such capsules should be given

morning and evening. In advanced cases the number of capsules may be increased to twelve daily.—*New York Med. Journal*.

IODOFORM IN ORGANIC DISEASES OF THE HEART.—Professor Testa, of Messina, has employed with success the treatment recommended by Moleschott for the relief of functional disturbances in incurable disease of the heart. This consists in giving seven centigrams of iodoform in four pills daily, continuing it for some time, this lasting in one patient for nearly a month. It acts especially by diminishing the number of the beats of the heart and increasing arterial tension.—*Gazette des Hôp.; Medical Times and Gazette*.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department of the United States Army, from February 1, 1885, to February 7, 1885:

Waters, William E., Major and Surgeon, granted leave of absence for one month. (S. O. 24, Dept. East, Jan. 31, 1885.) *Wilson, William J.*, Captain and Assistant Surgeon, ordered for duty as Post Surgeon, Fort Preble, Me. (S. O. 27, Dept. East, Feb. 5, 1885.) *Woodruff, Ezra*, Captain and Assistant Surgeon, ordered from Willet's Point, New York Harbor, to Dept. of Dakota. *Taylor, Marcus E.*, Captain and Assistant Surgeon, ordered to Dept. of the Missouri. (S. O. 30, A. G. O., Feb. 5, 1885.)

OFFICIAL LIST of Changes in the Stations and Duties of Medical Officers of the United States Marine Hospital Service, from January 1 to 31, 1885:

Stoner, G. W., Surgeon. When relieved to proceed to Washington, D. C., for duty as Chief of Purveying Division, Jan. 16, 1885. *Benson, J. A.*, Passed Assistant Surgeon. When relieved to proceed to Chicago, Ill., for duty, Jan. 12, 1885. *Carmichael, D. A.*, Passed Assistant Surgeon. When relieved to proceed to Cairo, Ill., for duty, Jan. 3, 1885. *Ames, R. P. M.*, Passed Assistant Surgeon. When relieved to proceed to New York, N. Y., for duty, Jan. 14, 1885. *Urquhart, F. M.*, Passed Assistant Surgeon. To proceed to Norfolk, Va., and assume charge, Jan. 12, 1885. *Brooks, S. D.*, Assistant Surgeon. To proceed to Evansville, Ind., and assume charge, Jan. 14, 1885. *Carrington, P. M.*, Assistant Surgeon. To report to Surgeon-in-Charge, St. Louis, Mo., for temporary duty, Jan. 17, 1885.

PROMOTION.—*Stoner, G. W.*, Surgeon, promoted and appointed Surgeon by the Secretary of the Treasury from Jan. 16, 1885, Jan. 14, 1885.

APPOINTMENT.—*Carrington, Paul M.*, M. D., of Georgia, having passed the examination required by the regulations, was appointed an Assistant Surgeon by the Secretary of the Treasury, Jan. 16, 1885.

THE
LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNĀ."

SATURDAY, FEBRUARY 21, 1885.

Original.

LATENT MALARIA, AS DEVELOPED BY
SURGICAL PROCEDURE.

THE PART WHICH MALARIA PLAYS IN THE
RESULT—THREE ILLUSTRATIVE CASES.*

BY AP MORGAN VANCE, M.D.

During the past year I have had impressed upon me the important (for discussion see page 121) part which malaria may play in the outcome of surgical operations and accidental traumatism attended by shock or conditions which necessitate the putting of the patient under an anesthetic. I wish to report briefly three cases to the point.

CASE I. *An excision of the knee in a boy of seven years. A temperature of 105.5° F. is developed in eight hours after the operation.* (October 13, 1884.) C. H., aged seven. Excision of the knee. The child was in good condition. There was a history of chills three months prior to the operation. Ether was used as the anesthetic and the procedure was very short. The patient was soon put to bed, with no great shock following. Quinia, as usual, was administered on the day before and the morning of the operation. There was no disease of bone calling for surgical interference. The temperature, taken eight hours after operation, was 105.5°, and remained at this point for ten hours, except as reduced temporarily by cold sponging. Quinia sulphate in very large doses reduced the temperature to the point which it might be expected to hold at this time from surgical causes. The drug was continued for three weeks, and there was no return of the high fever, though a tendency to elevation was noticed whenever the quinine was left off. At the end of the above time it was

stopped for several days and a fever of 103.5° appeared—disappearing under its renewed use.

A sudden rise of temperature is quite puzzling to the surgeon in grave procedures like the case above mentioned, especially if it comes on about the time of expected pus formation, and if he can make a diagnosis of malarial complication the relief to his mind is great.

CASE II. *Strangulated hernia in a man. Operation after considerable suffering and shock had supervened. High fever within ten hours of termination.* H. S., aged forty-eight, a very strong and plethoric man, had no history of malaria. He was submitted to an operation for the relief of a hernial strangulation. The procedure was brief, and there was no complication. The sac was not opened. Chloroform was the anesthetic used. The patient complained of cold and aching in the limbs as soon as the operation was ended, cramps and muscular spasm being present in the arms and legs. Hot bottles placed about the extremities soon relieved these symptoms. The temperature, taken ten hours after the operation, was 105° F. Seventy grains of quinia sulphate were given in next twenty-four hours, with frequent sponging. During this period delirium simulating mania a potu came on, the temperature dropping to normal, and once below. Hot bottles soon brought it back to 98.5°. The delirium continued for ten days. The wound was doing well. The pulse remained very full and slow, but once only getting above sixty per minute. The nervous symptoms gradually wore off, and the man made a good recovery, bromide of quinine being substituted for the sulphate and continued at intervals for two weeks.

CASE III. *Amputation of little and ring fingers for deformity and crippling following a burn.* S. X., aged eighteen, from a mala-

*Read before the Louisville Medical Society, January 27, 1885.

rial district, suffered amputation of two fingers, with extensive incisions to relieve contraction made on the outer border of the hand and fore-arm. Ether was the anesthetic. This patient gave a history of having had chills occurring six weeks or two months before the operation. She had been taking quinine for a year. As in Case 1, quinine was given this patient as a precautionary measure. In twelve hours after the operation high fever appeared (104.5° F.) and required very large doses of quinine to reduce it to normal. Then ten grains a day were given till the fourteenth day, when the patient had a hard chill followed by a fever of 105° . The wound was doing badly in the interim. Very large quantities of quinine were given after this. There was no more fever, and a rapid progress was made in the surgical part of the case.

From the foregoing it is easy to see the importance of anticipating malarial complications of surgical cases by the liberal use of antiperiodics prior to the operation, whenever the previous history or present surroundings of the patient are such that this complication is rendered in any degree probable, since its occurrence is not only very puzzling to the surgeon, but prejudicial to the success of the operation.

LOUISVILLE.

SOME OBSERVATIONS BEARING UPON THE INFECTIOUS NATURE OF TUBERCULOSIS.

BY WALKER SCHELL, M. D.

This article may be regarded as a continuation of my article on the same subject published in the September 6th edition of the News. The histories of the two cases therein reported have been completed, that is, by the *exodus fatalis*.

H. died within three weeks after the microscopical examinations of his sputum upon which my gloomy prognosis was based. This case confirms, so far as one case can, the relation of the number of bacilli to the rapidity of the destructive changes. The other fatal case was that of Miss A. Her case was of a more chronic character, and the bacilli found in her sputum were of small size and not numerous.

The infection in her case was from other members of the family. Her father, mother, grandfather and grandmother are yet living. Her father and mother were exposed to the same source of infection, yet have so far

escaped. Of the reasons for this exemption it is not necessary at this point to state more than the well-known fact of the increased liability of young persons to infectious diseases, almost all of which have been shown to depend on a living organism.

Mrs. B., fifty-five years. The family history is good. She nursed her husband, who died of consumption, about two years. I saw her during this period, and she was a strong, healthy woman. She was infected by her husband. This is a common history.

Last winter I made an examination of a man who was an applicant for a pension, and found a deposit in the apices of his lungs and bacilli in his sputa, and I have since learned that his wife has died of consumption, although free from the disease at that time. In such cases the opportunities for infection are especially good.

In the sputum of Mrs. B. I found bacilli, elastic fibers, etc. She is gradually growing worse, and has had a severe hemorrhage in the last year.

Dr. M., forty-four years. Mother died, at the age of sixty years, of pneumonitis (crouposa acuta) after one week's illness. Father died at the age of fifty years, after a short illness, the nature of which can not be learned, except that it was not a disease of the lungs. M. is an only child. He enjoyed excellent health till he went into the army, where he contracted "chronic camp diarrhea," and since then has been troubled with hemorrhoids, from which he has lost so much blood as to be in a constant condition of anemia. Two years ago fistula in ano developed, since which date hemorrhoids have not been so troublesome, and he has lost but little blood. Coincident with the fistula the patient began to cough. He had hemorrhages from his lungs in March and July of that year, and in October he suffered from so severe a hemorrhage that his condition was alarming, and he was unable to leave the house for some months.

The physical signs of phthisis in this case are well marked. The first microscopical examination of the sputum was made about the beginning of September, 1884. At that date he was expectorating freely and there were signs of a cavity in the right pulmonary apex. The sputum contained large numbers of bacilli, elastic fibers, alveolar epithelium cells, and the usual elements of purulent sputum. There was thus rapid destruction of lung tissue and bacilli generation was very active, or a portion of lung was breaking down in which were vast numbers of bacilli.

October 8, 1884. I found no elastic fibers, few alveolar epithelium cells; bacilli small and rare. At this date the patient was much better, his weight had increased, and his cough was not so troublesome. The patient attributed his improvement to hygienic care and tonic medicines. However that may be, the relation of the activity of bacilli generation to the condition of the patient should be noted.

F., twenty-eight years. October 2, 1884. Patient was nursing a fairly-nourished child. She had been troubled with cough about two months. Physical signs of a deposit in the apices of the lungs; more marked dullness over the left apex. Patient had lost some flesh. The father of patient was still living; mother died of consumption at the age of fifty-eight years, and a sister died of the same disease after about a year's illness. The opportunity for infection was ample.

It is difficult to understand how these two sisters could be the victims of hereditary consumption which lay dormant twenty-eight years and then developed after exposure to a source of infection. The theory of heredity is best confirmed by cases recurring at disconnected periods, and not by case following case with suspicious regularity. Her sputum contained many bacilli of somewhat large size, and when I last heard of her she was growing worse.

M., sixty-five years. Little can be learned of his family history. Two years ago he left home on account of financial embarrassment, and lived the life of a tramp. During the last summer he was a gardener. Fifteen or twenty years ago had an attack of typhoid fever, during which the doctor said his "lungs were badly congested." Since then he has enjoyed fair health.

October 20, 1884. He had this morning a severe chill; evening temperature 103° F.; pulse 120. Next day temperature somewhat higher. He improved apparently under quinia.

October 23d. His temperature rose again and reached 104° F.; he was suffering from dyspnea. Respirations 25; very restless.

October 24th, 10 A.M. Temperature 102° F. From this date his temperature fell till November 1st. Then it was 100° F., and his respirations increased in number to 44 per minute; face livid. Patient was very restless and part of the time delirious, and complained that he was "sore all over."

On the 23d he began to expectorate frothy mucus, which took on the prune-juice, pneumonia character on the 25th,

when I first examined it under the microscope. It contained the usual elements found in pneumonia sputum. In the dyed preparations on only two of several cover-glasses did I find bacilli. From this examination I was uncertain about the case being one of acute tuberculosis; I thought it possible that the bacilli could have been accidentally introduced into my dyes, as I was at that date making numerous observations of tubercle bacilli. At this date was detected a small area of dullness over the anterior and outer portion of the left pulmonary apex. Moist mucous râles were every where present over both lungs, and subcrepitant râles over the infiltrated portion. I repeated my microscopical observations till I was satisfied that the bacilli were not accidental, and reached the conclusion that the pneumonic process in the apex of the left lung was due to a tuberculous deposit.

November 2d. Bacilli were found in the sputum in large numbers.

November 6th. He ceased to expectorate, and was practically free from both cough and expectoration till he died.

Dr. Pierson examined this sputum, the last that could be collected, and found bacilli more numerous than in any previous examination. At this date he had a severe rigor, followed by a temperature of 104° F., and possibly higher when unobserved. During the remaining week of his life he had several rigors, and his temperature continued high. He was in a semi-comatose condition, and when roused would complain that he felt sore. Three days before his death opisthotonus became so well marked that the crown of his head rested on his pillow and his spine was arched and inflexible. There was considerable nystagmus, relieved by anodyne remedies; pupil small, immovable; eyelids remained open unless the conjunctiva was touched. Pulse 150; respirations 50. Dullness was limited to left apex till within forty-eight hours before his death, when signs of pulmonary edema were developed. He died on the morning of the 12th of November, just three weeks after the initiatory chill. The source of the infection is unknown.

This last case illustrates the virulence of the infection in some cases of acute tuberculosis and the rapidity of bacilli generation.

In several post-mortems I have found tubercle bacilli in phthisical cavities of the lungs, also in tubercle granulations, caseous lymph glands, and in the cell-heaps around

the capillaries of the pia mater in one case of tubercular meningitis. Schüppel's claim that giant-cells were constantly present in tubercle nodules, and that the diagnosis was made when they were found, is now known to be false. (*Untersuchen über die Symphdrüsentuberculose.*)

The microscopical character of a tubercle granulation is largely accidental. Many nodules consist of small round cells, others but of giant and endothelial cells. Bacilli are the irritating agents, and must obtain entrance into the blood-stream to produce universal tuberculosis.

What are called "cold abscesses" are often studded with miliary tubercles, and unless the walls are thoroughly scraped when opened may prove a source of infection. Caseous lymph glands should, if possible, be thoroughly removed, as the infection can frequently be traced from gland to gland, ending in general tuberculosis.

It may yet be a legitimate surgical operation to remove circumscribed tuberculous deposits in the lungs. It is needless to say that physical diagnosis must make some advancement before that happy day shall fully come.

For aid in collecting the histories of several of the above cases, I am indebted to my friend Dr. Allen Pierson, of Indiana.

113 ISABELLA STREET, NEWPORT, KY.

A COCKLE-BURR IN LARYNX—LARYNGOTOMY.

BY W. S. ROSS, M. D.

On December 1, 1883, Master John Ashby, aged thirteen years, residing near Hanson, Ky., while gathering corn, had the misfortune to get a cockle-burr into his larynx. The accident occurred about ten o'clock A. M., while in the field. He was very soon attacked with violent spasmodic coughing and dyspnea, and would turn blue in the face, and for a few minutes seemed on the point of suffocation.

These symptoms would subside for a time and the lad would be comparatively easy until another fit of coughing ensued, and then he would turn blue in the face and almost suffocate. Dr. E. F. Waller was called to see the boy at eleven o'clock, an hour after the accident, and was confident that an operation would have to be performed before the patient could be relieved.

I was called in consultation with Drs. J. S. and E. F. Waller, after dark that evening, and found the lad in the condition stated above. We were of the opinion that laryngotomy would have to be resorted to before the patient could be relieved. We were of the opinion that the burr was in the left ventricle of the larynx, and that it was pressed in between the superior and inferior vocal cords of that side, and thereby admitted of greater capacity for breathing through the larynx. The patient was placed on the table at eight o'clock P. M. of the same day, and chloroform administered by Dr. J. S. Waller. The operation was very difficult to perform by lamp-light. As soon as the lad was thoroughly under the anesthetic, I performed the operation, being assisted by Dr. E. F. Waller, by making an incision in the middle line through the integuments over the lower half of the thyroid cartilage, crico-thyroid space, and cricoid, dividing the muscles and areola tissue. The knife was then passed through the crico-thyroid membrane, when some mucus and blood were expelled. The foreign body not being expelled by efforts at coughing, we passed a silver probe through the wound upward to dislodge if possible the burr from its supposed position. This we could not accomplish. We then introduced the cannula, which produced very severe fits of coughing, and during a full inspiration I placed my thumb over the cannula; the patient made a desperate effort and turned over on his left side and the burr was ejected from his mouth. The lungs having been inflated through the cannula and below the foreign body, the cannula being closed, the air was forced out by the natural channel and the burr with it. The wound was partially closed and the lad passed a very comfortable night. The effects of the operation or the action of the burr upon the vocal cords produced partial aphony that persisted for four or five weeks after the accident, when it gradually subsided and the voice was completely regained.

MADISONVILLE, KY.

J. N. RHOADS, in College and Clinical Record, gives the following formula of words for assisting in remembering the carpal bones in their regular order: "To Stop Slight Congestion, Prescribe Usually Medicated Troches." *Trapezium, Scaphoid, Semilunar, Cuneiform, Pisiform, Unciform, Magnum, Trapezoid.*

Miscellany.

ANOTHER REMARKABLE CASE OF BRAIN SURGERY.—The London correspondent of the Boston Medical and Surgical Journal gives an account of a case recently operated on by Sir Joseph Lister. The man had been under the care of Prof. Ferrier, in Kings College Hospital. The symptoms which caused Prof. Ferrier to locate the lesion in the right frontal lobe were left hemiplegia, optic neuritis most marked on right side, right proptosis with occasional intermissions during which he was partially sensible. There was also total loss of hair on the head and face. Sir Joseph removed, with the trephine, a button of bone from over the right frontal lobe, incised and explored with the finger the brain substance, and evacuated several drams of a pale fluid. Two days after the operation the man was sensible, and motion had returned in left leg and arm. Three days later there were symptoms of a reaccumulation of the fluid, and it was feared that he was beyond the operator's reach.

PULVERIZED JEQUIRITY.—In an article in the Therapeutic Gazette, Dr. W. Cheatham says he has found that an impalpable powder of jequirity has given him the best results. The upper lid is everted and with a little cotton on a holder the powder is dusted on the conjunctiva. If one application does not cause a sufficient amount of inflammation it may be repeated. He has used it in about seventy-five cases with uniformly good results. He believes that the dangers from the use of this drug have been over estimated. The powder may be kept for any length of time, whereas when the infusion is used it should be freshly made.

ST. LOUIS AND THE CHOLERA QUESTION.—In a letter to the New York Medical Journal of February 14, 1885, Dr. J. C. Peters says that the fear of cholera in St. Louis is not without a good foundation. The history of the epidemic of 1848 and 1849 in that city shows that it was brought from New Orleans on December 27th, by the steamer Amaranth. The first cases in the epidemics of 1854 and 1866 were also brought from that place. The city is now in better sanitary condition. Nevertheless, there are a number of out-door privies and surface wells that the citizens are determined to have abolished.

PHILADELPHIA CLINICAL SOCIETY.—The annual election of officers, January 23, 1885, resulted as follows: President, Dr. Edward E. Montgomery; First Vice-President, Dr. John B. Roberts; Second Vice-President, Dr. Amy S. Bartorn; Corresponding Secretary, Dr. Ida E. Richardson; Recording Secretary, Dr. J. G. Heilman; Reporting Secretary, Dr. Mary Willits; Treasurer, Dr. L. Brewer Hall; Councillors, Dr. James B. Walker, Dr. Dan'l Longaker, Dr. Clara Marshall, Dr. Henry Beates, Dr. Henry Leffman.

INFANT MORTALITY IN RELATION TO VACCINATION.—The comparative statistics, by Lutz, of the mortality of children from smallpox in Bavaria, where vaccination is obligatory, and in Holland, where it is not, give the following results in a comparison of one hundred thousand children (*Revue des Maladies de l'Enfance; Progrès Médical. Translated by W. M. H.*):

	Holland.	Bavaria.
To one year,	765.5	232.4
From one to five years,	45.5	10.2
From five to ten years,	14.5	2.3

PREVALENCE OF CANCER.—The Record says that forty years ago Mr. Thomas Wilkinson King studied one thousand autopsies at Guy's Hospital, with the following results: "Of all females who die at about forty, nearly one half have cancers; of males, one eighth. Of males above sixty-five, one fifth of all are cancerous."

FOR controlling the pain in acute articular rheumatism the following ointment is extensively used in Bellevue Hospital:

Hydrate chloral, 3j;
Ac. Salicylic, 3iss;
Ung. Stramonium, 3j.

PROF. BARTHOLOW, in the College and Clinical Record, says that the doses of caffeine usually prescribed are too small to produce the physiological effect of the drug. He has given it in doses of twelve grains.

GAILLARD'S MEDICAL JOURNAL is to be continued under able editorial management with a corps of efficient collaborators. It will be published by M. E. and E. W. Gaillard, New York.

The friends and admirers of Cohnheim, on the Continent and in England, are raising funds for the purpose of erecting a monument to his memory.

The Louisville Medical News.

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STATE MEDICINE.

Governor Hamilton, in his biennial message to the thirty-fourth General Assembly of the State of Illinois, pays a handsome and well-deserved compliment to the State Board of Health and its able Secretary. Among other items for gratulation, the Governor says:

The grade of medical education required for practice has been raised to a respectable and safe standard, while mountebanks and quacks have been driven from the practice of their wiles and deceptions on the people of the State. The health of the citizens and their protection from the inroads of contagious and epidemic diseases have been faithfully and carefully watched. Rules for sanitary care and regulation and instruction as to prevention and cure of prevalent and especially dangerous diseases have also been so successfully published and promulgated that it is believed thousands of lives have been saved.

The Board found the regular appropriation of \$9,000 inadequate to its current expenses for the year ending September 30, 1884, by \$606.94. This deficit was made up by receipts from other sources. The Governor recommends an annual appropriation of \$22,500 to meet the regular expenses of the Board, and a contingent fund of \$40,000 made subject to the order of the Board in case it shall be needed in the prospective fight

with cholera during the coming summer. By an estimate of the Secretary it will cost from \$80,000 to \$85,000 to completely quarantine the State against her neighbors; but the Governor takes it for granted that the National Government will do its full duty in the matter of port quarantine, and that the States lying east of Illinois will also take efficient means to prevent the entrance and progress of the scourge in their respective dominions.

This will serve to guard the State to some extent against invasion from the East, and render the quarantine of this border less difficult and expensive than otherwise it would be.

Unless all signs fail, the cholera problem will be a live issue in American national, State, and municipal affairs before the summer months are flown, and in view of the threatened danger the suggestions of the Illinois Governor are most wise and commendable.

The National Government will, doubtless, do all in its power through coast quarantine to protect the States; but this renders prompt action upon the part of the State and municipal rulers none the less imperative. The coast line is long, and the avenues of entrance are very many. A single case slipping the quarantine gate would be sufficient to engender a general epidemic, and those localities will suffer most whose local conditions shall prove most inviting to the death dealing visitor.

It is to be devoutly wished that every State in the Union may be stirred to timely legislation in this matter. That each will look to its own watch and ward, not trusting for safety to situation, while less fortunate neighbors must hold the pestilence at bay; for, if cholera does not during the coming summer become epidemic in the United States, it will fail of this attainment because our sanitarians, throughout the country, being forewarned are forearmed and standing upon vantage ground, shall prove themselves to be more than a match for the foe.

DR. T. S. BELL.

In Gaillard's Medical Journal for January, issued just after the death of its veteran editor, is this touching tribute to the memory of Dr. Bell. These noble words, written by one whose feet were close upon the brink of the dark river, fall on the ear in solemn cadence, like the melancholy measure of some funeral march.

He deserved well of his generation, and whatever may be the encomiums it shall render, the just will say that he was worthy of them all. Even those who were not permitted to be the intimates of Dr. Bell must feel sad over the end of such a life; over the lonely termination of a life so strong, so useful, so worthy, so admirable; this sad, almost mysterious passing away of a rugged, lonely, strong and genuine man. How like his last days to those of Carlyle: secluded, sad, yet laborious, independent, useful. The last day, the last hours, spent in work; and when the golden bowl was broken it was, as ever, beside the fountain where it had so often been filled to overflowing. Where else should the mental laborer wish to die, if not amid the silent companions of his life work? A lonely, solitary death; but an eloquent death, for it declares the choice and the character of a well-spent life!

"ORDRE POUR LE MÉRITE."

The Emperor of Germany has conferred upon Sir Joseph Lister the "Ordre Pour le Mérite" for science and arts. In expressing gratification over this high compliment, the Lancet says that "the profession of the United Kingdom will regard the act as a generous recognition of the claims of British Medical Science, which it is only fair to say is not new on the part of Germany." The name of Jenner has been held in more high regard by the Germans than ever it was by his own countrymen, while, though in a different field, the greatness of Darwin was seen, the force of the great doctrine which he unfolded acknowledged, and its principles made the basis of biological study in Germany long before the English were aware that they had produced the greatest philosopher of the age.

But, while this is true, it must be admitted

that the English have not been slow to recognize talent and genius in their German cousins in whatever department of labor they may have been developed, and the servants from over the Rhine may look for some graceful return of the compliment in the near future.

Bibliography.

Diseases of the Urinary and Male Sexual Organs. By WILLIAM T. BELFIELD, M.D., author of "Relations of Micro-Organisms to Disease" (Cartwright Lectures, 1883), Pathologist to the Cook County Hospital, Surgeon to the Genito-Urinary Department, Central Dispensary, Chicago, etc.

The Therapeutics of the Respiratory Passages. By PROSSER JAMES, M. D., Lecturer on Materia Medica and Therapeutics at the London Medical College, Physician to the Hospital for Diseases of the Throat and Chest, etc.

A Manual of the Medical Botany of North America. By LAURENCE JOHNSON, A.M., M.D., Lecturer on Medical Botany, Medical Department of the University of the City of New York, Member of the Committee of Revision of the Pharmacopeia of the United States. New York: WILLIAM WOOD & Co., 56 and 58, Lafayette Place. 1884.

The above volumes were noticed under Bibliography in our issue of January 31st. They are, in the order of their titles above given, the numbers of Wood's Library of Standard Medical Authors for October, November, and December of the past year. The first book (Diseases of the Urinary and Male Sexual Organs, Belfield) is a work of high merit. Its author enjoys peculiar distinction as a microscopist and general pathologist, and shows in the execution of this work that his reputation is well earned.

A better written book upon the topics which form its subject has not appeared in this country. The author pays especial attention to points of diagnostic significance, and by a lucid text, with elegant wood-cuts, which are remarkably true to nature, he leaves no doubt in the mind of the reader as to his meaning. Diagnosis is at best an obscure region in the medical world, and in diseases of the urinary and sexual organs is often little else than groping in the darkness.

That Dr. Belfield has helped to make this region a little less gloomy will be conceded, and the thanks of the practitioner shall be his.

The second book (Therapeutics of the Respiratory Passages, James) is a philosoph-

ical treatise upon therapeutics. From its title one might be led to think that it had to do merely with the exhibition of drugs in the limited field of the specialist, but it will be found on perusal that while the author does full justice to the department of respiratory affections he takes occasion to discuss the subject of therapeutics in its broader sense. The book is not intended as a manual for the student, but as a treatise for the ripe physician. It may be thought somewhat too theoretical by those who seek in such books only descriptions of drugs and therapeutic appliances, but to one who loves his profession and can find time for reflection, the work will be warmly appreciated for the mental stimulus which it affords the thoughtful reader. Ripe learning, painstaking research, and well-drawn conclusions are striking features of the work.

The third book (Medical Botany of North America, Johnson) is a work of great beauty and practical value. The medicinal plants of North America are abundant, and while many of these have been profitably studied there is still room for many workers in this enticing field. The object of the writer is to supply the student with a much-needed text-book in this department of botany; and that the working out of his plan will awaken interest in the subject and lead to useful discovery can not be doubted, for now the physician who has a taste for this delightful study will no longer be at a loss for a working manual. The volume is elementary in character. It opens with a chapter on general botany, has incorporated an ample glossary of technical terms, and takes up and discusses *seriatim* the orders of our indigenous medicinal plants. A most elegant feature of the work is its illustrations, wood-cuts of rare excellence are found on almost every page, and nine splendid full-page chromo-lithographs reproduce the natural features of some of the most beautiful plants and flowers. It is indeed a marvel of book-making that such a work could be made one of a series of twelve volumes, every one of which is of sterling worth, and all of which are sold at what would seem to be a nominal sum. The subscribers for the Library of 1884 are in luck, for every one is now possessed of a treasure in medical literature.

It is stated that a solution of corrosive sublimate in dilute acetic acid (grs. ij-3j) destroys pediculi and their ova.

New Remedies.

Conducted by Simon Flexner, Ph. G.

HYOSCINE HYDROBROMATE.—Dr. Horatio C. Wood, as a result of experiments both physiological and therapeutical, points out (Therapeutic Gazette) the probable mode of action of the hyoscine, and cites a number of cases, mostly of a violent maniacal character, in which he and his associates used it with gratifying results. It would appear that the commercial hyoscyamia owes a good part of its activity to the presence of this body, and consequently acts better when in its uncrystallized or less pure state. If this be true, and it seems reasonably sure that it is, hyoscine hydrobromate will be accorded much of the attention formerly given to the hyoscyamia.

At present the hyoscine is very high, but it is safe to suppose that like other remedies to which the same objection held good increased demand will succeed in removing to a great extent this obstacle to its use.

The adult dose should, it seems, not exceed one one-hundredth grain hypodermically or by the mouth, at first. The repetition of this dose will depend on the condition of the patient or the demands of the case.

COCAINE FOR THE MORPHINE HABIT.—E. Merck, the well-known German manufacturer of chemicals, gives the experience of several practitioners (Phar. Jour. and Trans.) showing that very good results have followed the hypodermic use of cocaine as a remedy for the opium habit. In the hands of one of the experimenters it served the double purpose of mitigating the craving and eventually curing the morbid habit. In those cases where it is impossible to withdraw completely the morphine at once, it is best to decrease it and increase the cocaine gradually; and in those cases where the immediate complete withdrawal is permissible the subcutaneous injection of one tenth gram, about one and one half grains, of the cocaine hydrochlorate whenever the craving for morphine became apparent was productive of excellent results. Furthermore, it would appear that it has been found of value in the exhaustion following some diarrheas.

THALLINE, THE NEW ANTIPYRETIC.—Thalline, another of the chinoline derivatives, following more or less closely on the heels

of chinoline, kairine, and antipyrin, seems to have considerable claim for recognition under this heading. The sulphate, administered in doses varying from 0.25 to 0.75 gram, 4 to 12 grains, has a marked antipyretic effect, while its action is not accompanied by any unpleasant secondary effects. The lowering of the temperature takes place gradually, and is quite persistent. It is recommended to give the sulphate or other salt in wafers containing from four to eight grains; but it can as well be given in aqueous solution, sweetened if desired. Chemically it is the *tetra-hydro-parachinanisol*.

THE DERMATIC EFFECTS OF ANTIPYRIN.—The continued exhibition of antipyrin, according to Dr. A. Cahn, of Strassburg, produces an erythematous eruption similar to that caused by quinine. This phenomenon only results after considerable quantities have been taken, and can be controlled or wholly removed by discontinuing the remedy. At the same time if it be desirable to continue the remedy after the appearance of the eruption, no unpleasant effects need be apprehended.--*Am. Druggist*.

CRYSTALLIZED COLCHICINE.—Colchicine, the active principle of colchicum, has recently been isolated in a crystalline form by Mr. A. Houdès. It is contained in both the seeds and the bulbs, but in much larger proportions in the former. Physiologically it acts only in relatively large doses affecting the respiratory and cardiac functions, and inducing a condition of collapse, with stupor, but unattended by insensibility.—*Compt. Rend.; Am. Jour. Phar.*

Translations.

TUBERCLE INOCULATION DURING COITION.* December 26, 1884, M. Fernet read a paper before the Medical Society of the Hospitals on the transmission of tuberculosis by sexual congress. The author sided with those physicians who think that the microbe of Koch makes its entrance not only by the respiratory tracts, but also by the skin and the digestive and genito-urinary mucous membranes. He recalled the fact that Cohnheim and M. Verneuil had endeavored to prove that urethral tuberculosis in the man can result from sexual intercourse with a woman who is the subject of uterine tuber-

culosis; this clinical fact is easily explained, since the bacilli have been detected (notably by M. Babès) in the urine and the vaginal muco-pus of a woman having tuberculous lesions of the genital organs.

From facts collected and observed, M. Fernet arrives at the following conclusions: (1) Genital tuberculosis can be the result of direct contagion during coitus. (2) That blennorrhœas ought to be held as suspicious which do not succeed true blennorrhœgia, and their tuberculous nature should be made plain or negatived by a careful search for the bacillus. (3) Coitus between spouses, one of whom is affected with tuberculosis, should be considered dangerous. (4) Genital tuberculosis can be the source of a secondary general infection and so should be treated as energetically as possible by the aid of various medico-chirurgical means.

Societies.

LOUISVILLE MEDICAL SOCIETY.

Stated meeting January 27, 1885, the President, F. C. Lieber, M. D., in the chair.

Dr. Ap Morgan Vance read a paper* entitled, Three Cases Showing how Latent Malaria is Often Developed by Surgical Procedure and the Part it Plays in the Result.

Dr. William Bailey opened the discussion by saying, one who has at any time suffered from malaria seldom gets rid of the poison. It may remain latent in the system for a long time, till, perhaps, it is developed by some surgical operation or shock which would lessen the power of resistance to its development. Some such theory is necessary to explain the cause of its manifesting itself at all seasons of the year. Believing malaria is so frequently developed in this way, he is of the opinion that quinine or some other antipyretic may be wisely given by the surgeon before undertaking any surgical operation. In the general treatment of malarial affections he preferred to give quinine to arrest the paroxysms and arsenic during the interval.

Dr. von Donhoff thought that quinine in antipyretic doses might do much harm in surgical cases by checking the ameboid movement of the white blood corpuscles and by arresting cell development. He would have to be convinced that the patient had malarial poison in his system

*Translated for the Medical News from *Progrès Médicale*, by W. M. Holladay, A. B.

* See page 113.

preceding the operation before he would give quinine; even in such a case he would not give it in such doses as to correct the malarial influence then and there, but would rather resort to other means to lessen temperature. In a case of castration for sarcoma, the temperature after the operation rose to 108° F. Large doses of quinine were given; twenty grains every two hours, to eighty grains, succeeded in lessening the temperature with such success that it fell to 96° F. Its administration was immediately stopped and vigorous restorative means resorted to in order to prevent what might have been a mortal reduction. Chills following surgical operations as a rule subside without treatment.

Dr. Cottell believed surgeons were not agreed as to the cause of the fever in such cases, whether it was produced by malaria or a result of the operation. In the case mentioned by Dr. von Donhoff he thought too large doses of quinine had been given, twenty or thirty grains in divided doses within two hours would reduce the temperature to the point of safety. Considering the quantity of quinine universally taken by the public and given by physicians without producing evil effects, he would not hesitate to give it in such cases as mentioned by Dr. Vance, and in fact in any case of chill or fever following a surgical operation. The supposed injurious effects attributed to quinia because of its power to check ameboid movement in the white blood corpuscle are not confirmed by clinical experience. The drug does not annihilate, but arrests for a time only this protoplasmic activity, and if, as Cohnheim teaches, pus is but white blood corpuscles which have migrated through the vessels by virtue of their ameboid power of locomotion, then theoretically quinia should be the remedy above all others by which we might hope to forestall the formation of abscesses, and check or control suppurative inflammation in any situation.

Dr. F. C. Lieber indorsed all that had been said by Drs. Vance and Bailey in regard to the development of malaria from surgical operations, but maintained that a distinction should be made between the fever resulting from malaria and that from shock to the system from a surgical procedure. If the fever were of malarial origin we should expect to find the patient suffering from digestive disturbances, anemia, and other symptoms peculiar to chronic malaria. A temperature of 105° F., coming on

within ten hours after an operation, without the formation of pus, is not a surgical fever.

Dr. von Donhoff reported a case of stricture (urethral) complicated by hydrocele of the cord. He wished to direct attention to the completeness of the cure of stricture when thoroughly divulsed, as was done in this instance, by the Holt dilator. After the operation he was able to pass a No. 14 English sound. Since then the patient had been able to use the sound on himself. The Doctor had ligated the spermatic vein for relief of the hydrocele of the cord at the time he operated for the stricture. He is at present able to pass the sound, but the hydrocele has returned, and a seton has been passed through the sac to allow the serum to drain away. J. C. McGUIRE, M. D.,

Secretary.

MICHIGAN STATE BOARD OF HEALTH.

[REPORTED FOR THE LOUISVILLE MEDICAL NEWS.]

At the quarterly meeting of the State Board of Health of Michigan, held January 13, 1885, at its office in Lansing, the following named members were present: Drs. Avery, Lyster, Hazlewood, Tyler, and Baker.

The Secretary mentioned that during the quarter a successful sanitary convention had been held in East Saginaw, and that steps had been taken by citizens of Lansing to hold a sanitary convention in Lansing in March next (March 19, and 20, 1885). The Secretary had attended, as delegate of the Board, two meetings of the Conference of State Boards of Health, one in St. Louis, Mo., in October, and one in Washington, D. C., in December. In the former he was chairman of the committee which prepared the report on practical means of preventing the introduction and spread of cholera in this country, which was adopted by the Conference and also by the American Public Health Association. It has been widely published. In the Conference at Washington he read a report on the sanitary condition of Michigan and preparations made for meeting the threatened invasion by cholera, and was a member of the committee on best methods of action by the National Government to prevent the introduction and spread of cholera.

Bound volumes of the Annual Report for the year 1883 had been received from the printers, and this and other documents

have been mailed to all health officers in the State, to clerks of cities and of villages, and to mayors of cities and presidents of villages. A large number of circulars, in English and in foreign languages, on best means of restricting and preventing certain communicable diseases had been sent to health officers where contagious diseases were present. A large number of Annual Reports, reprints, and circulars have been sent to persons interested in sanitary affairs. Blanks for reports of diseases dangerous to public health, with circular of instructions, were sent to all health officers of cities, villages, and townships in the State, to the number of one thousand three hundred and ninety. Another set for reporting communicable diseases in 1884 was sent to the clerks of cities, villages, and townships in Michigan. Two copies of a circular relative to diseases in Michigan in the year 1884, with stamped envelope for reply, have been sent to about one hundred and eighty physicians in Michigan, who are regular correspondents of the Board.

The Secretary also reported that since October 7th there had been four outbreaks of cheese-poisoning in Michigan, at Jackson, Homer, Flushing, and Lansing. During the past quarter there had been three cases of smallpox, with one death, at South Boardman, Kalamazoo County, the infection of which is supposed to have been brought from Denver, Colorado.

Many outbreaks of diphtheria had been reported during the quarter. During the serious outbreak in Kalamazoo, from July 20 to December 20, 1884, over two hundred and sixty cases and fifty-four deaths from diphtheria were reported to the Kalamazoo Board of Health. The health officer of Kalamazoo reported, December 22, 1884, that the epidemic in that city appeared to be nearly or quite at an end; but since that report, *and following the thaw*, there was a sudden increase of diphtheria in Kalamazoo, twenty cases being reported in one week. New cases of diphtheria continue to be reported from Detroit at the rate of about thirty-five to forty-five per week. The total number of cases in Detroit for the year 1884, as collated from the weekly reports of the health officer, is over one thousand three hundred, and the number of deaths for the same period is over three hundred and forty.

The Secretary's reports of the Conferences of State Boards of Health held at St. Louis in October, and at Washington in

December, were ordered to be printed in the Annual Report for 1885.

A letter from a gentleman in Bronson, in regard to sickness in his family, supposed to be due to arsenic in the wall-paper of the house, was read by the Secretary, and specimens of the paper were shown. The paper was sent to Prof. Vaughan, of Ann Arbor, to have it tested for arsenic.

Dr. Avery, as chairman of the special committee appointed at the request of the State Board of Corrections and Charities to examine the State House of Correction at Ionia, read his report. It was accepted and ordered printed in the Annual Report for 1885, and copies were ordered sent to the committees on public health of the legislature, and to the Board of Corrections and Charities. The committee found the sewerage, plumbing, and ventilation in bad condition. The sewer leading from that part of the building where the offices are situated empties into the basement instead of into the catch-basin near the barn—that is, it empties at the wrong end. There is no provision for flushing the sewer except by means of hose and hydrant. The sewer has become filled up with garbage and refuse. A new sewer should be laid, leading from the basement of the office-building to the main sewer, for which there is ample fall. The plumbing connecting the kitchen, wash-room, bath-room, and water-closets with this sewer is in wretched condition, and should be replaced with new, properly ventilated soil-pipes and approved traps.

The committee consider the shafts designed to ventilate the cells as an admirable arrangement for the equal distribution of poisonous gases through all the cells, but can hardly call it ventilation. In the shoe-shops an attempt had been made to carry out the recommendations of a former committee of this Board, by placing steam coils in the few shafts put in when the shops were built; but the coils were not heated and so were of no aid to ventilation. No attempt to ventilate the other shops had ever been made. In the cigar shop the odor of tobacco and foul air was simply intolerable; the committee noted the pallid faces of nearly all of the seventy-five or one hundred young men and boys in the room. The water-closet of each shop has defective plumbing, and is unventilated, so that foul odors arising from them are permitted to enter the shops. The ventilating flues leading from the hospital to the attic are imperfect and are not heated. The committee

recommended the prompt remedying of these evils by the employment of a competent architect to make plans and specifications, and to superintend the details of the work.

HENRY B. BAKER, M.D., *Sec'y.*

LANSING, MICH., January 26, 1885.

Correspondence.

Editors Louisville Medical News:

Be kind enough to republish Prof. L. P. Yandell's recipe for a hair tonic, the basis of which is Burnett's cocaine and quinine, and much oblige an old subscriber.

J. R. WALTER, M.D.

LITTLE ROCK, ARK., January 27, 1885.

Quiniæ,	grs. xx;
Tinct. cantharid.,	℥ j;
Acidi sulphurosi.,	℥ ij;
Cocaine (Burnett's),	℥ viij.

Ft. Sol. S: Rub into scalp daily.

COCAINE.

Editors Louisville Medical News:

If my specialty was ophthalmology I could be justly suspected of at least a desire to be fashionable in writing upon the wonderful powers of the magic drug christened *Cocaine Muriate*, as I believe every ophthalmologist in this and every other civilized country in the short space of about three months, since Koller, the German medical student, accidentally discovered its local anesthetic power over the tissues of the eye; and as this is the only way any thing in therapeutics, of real value, has ever been discovered, he should have as much credit as the discoverer of general anesthesia—provided it is all that is claimed for it by the innumerable eye-men, who, I believe, as far as my memory now serves me, in giving their experience with it, indorse it unqualifiedly, with but one exception—my distinguished friend, Dr. J. L. Thompson, of Indianapolis, Ind., Professor of Diseases of Eye and Ear, Medical College of Indiana, who, after reporting ten cases (*Journal American Medical Association*), viz., of "Extraction of Foreign Bodies," "Removal of Tarsal Borders," "Removal of Prolapsed Iris," "Small Chalazion," "Strabismus," "Enucleation," etc., says: "From this experience it is my opinion that as an anesthetic in eye operations this alkaloid has been exceedingly overrated, and that

many of the cases reported would have done almost as well had it not been administered." He is decidedly of the opinion that its field for good is very limited, and hints that much of its reported good effects are attributable solely to the faith of the patients operated on, from their having seen or heard so much about it, as published in the lay press.

Not being a specialist of any branch, but only a *very* general practitioner from sheer necessity, owing to location, having to fill all the branches, numerous as they have become during the last two decades, I make this report not with any idea of becoming fashionable or of adding to the already precocious reputation of this drug, but simply to draw attention to its power to render the simplest and most frequently performed, yet one of the most painful—considering its brevity—operations in surgery, almost, if not quite, painless; namely, the extraction of teeth.

Of its application to dentistry I have yet seen no notice; but no doubt all fashionable city doctors have it, and have already caused many sufferers to rejoice and send up thanks for this boon to sufferers with odontalgia.

Though skeptical as to its ability to penetrate the alveoli to a sufficient depth to reach and paralyze the nerve of the tooth, but knowing, however, from a previous test on the tonsils, that it would destroy the sensibility of mucous membrane and render its incision painless, I was glad to have the opportunity of testing its anesthetic powers, by way of experiment in the department of dental surgery, on one of the best subjects for such test that could be found. The patient was an extremely "nervous" lady, the subject of constantly-recurring *functional* cardiac disease. She was dyspeptic, hysterical, and had some uterine engorgement, with prolapsus. Briefly, she is a chronic complainer, with a strong disposition to exaggerate the most trivial ailments into serious organic trouble, and never permits the least excuse for pain to go unannounced by both vocal and muscular demonstration. This patient has been for some time a great sufferer from odontalgia of both anterior molars of the inferior maxillary, and from extreme timidity or dread of pain would not consent to their extraction. No persuasion or argument to show her she was constantly enduring much more pain by their remaining than she would from their extraction would induce her

to submit to the operation. But as every thing mortal has an end, the continued pain and consequent loss of sleep at last became unbearable, and she sent for me to have them extracted.

On leaving my office I put in my pocket a dram vial of muriate of cocaine, four-per-cent solution, prepared by that always-reliable house, Parke, Davis & Co., determined to test it in this case, but, as before stated, with no confidence in its power to do more than render the gum-cutting painless. I stated to Mrs. A. that I had in that little vial a drug that was harmless, as I should use it, but one that would, perhaps, render the first step in the operation painless—the incising of the gums—and it was just possible that it might lessen the pain of extraction. She said she dreaded the cutting almost as much as she did the pulling, and “if it did that much it was some comfort.” She was extremely shaky and agitated when she took the chair.

I first, with the point of a small feather, in the absence of a camel’s-hair pencil, painted freely both sides of the tooth, on the gums; in five minutes I repeated it; in five minutes more I freely incised the gum, down to the rim of the alveoli. There was no pain or smarting sensation. “I did not feel it, but my tongue is dead on that side,” was her remark. There being a considerable cavity, I twisted the point of the feather into it, and allowed a few drops to enter from the point of the feather. I waited ten minutes, and with more than an usual effort extracted a double-rooted molar. Instead of screams of extreme anguish, with horrible contortions of facial muscles, as I expected, to my utter astonishment she very calmly and quietly remarked, “I scarcely felt it, and it gave me *no pain*.” As this was the first tooth she had ever had extracted, I insisted, as a test, that she permit me to draw its mate on the opposite side without the cocaine; but to this she would not consent, saying, “I would rather pay five dollars per tooth, extracted with its application, than one for a tooth drawn without it.” A strong indorsement for a beginning. The other tooth was, consequently, treated exactly as the first, and though requiring much more muscular force to loosen it from its mooring—in fact, nearly as much as I possessed—the result was the same; not a twitch of a muscle or a single expression of pain.

I have been thus particular and minute in describing the character of the

patient and mode of procedure, not for the benefit of the city dentist, but for that of his country cousin, the overworked M. D., who, though making no pretensions to dental skill (rather dreading every tooth he has to “pull” as he would an amputation at the hip) has them to pull all the same. As to the reputed power of cocaine to contract blood-vessels on a small scale, this was beautifully illustrated in the above case; for although after its external application the gums, on being cut, bled freely—more so than usual—the bleeding ceased almost instantly on the application of the solution to the cut surfaces. Also after the first gush of blood from the “socket” from which the tooth had been removed, the feather, wet with the solution, was twisted into the cavity, and it bled no more.

In some cases of odontalgia, where there was no caries and considerable engorgement of the gums, I have thought the bleeding as beneficial in the cure of the neuralgia as the removal of the tooth, and on several occasions I have replaced the tooth (when sound) after a free bleeding, when it gave no more trouble and was still a useful tooth. In such cases the astringent action of cocaine would be objectionable, but it might be kept out of the socket.

Ten days before this I had removed from the upper lids of Miss B. R. two chalazion, each about the size of a large No. 8 shot, and attempted to remove the third, but failed, for the reason that the incision in the tarsal cartilage was not sufficiently large. On account of the pain it gave her, I did not prolong the operation by breaking up with a probe the growth, as directed by McKenzie. She had also two of these growths on the left and one on the right lid, all of which were larger than those above described. I failed by pressure to remove the contents of one of the two on the left side—the one situated nearest the tarsal margin, about midway of the tarsal cartilage. Being a lady of considerable “nerve,” she bore this little operation on both eyes at the same sitting without complaint, but said it was quite painful. Ten days after I painted the conjunctival surface of the lid with a four-per-cent solution of hydro-chlorate of cocaine, and also the external surface over the tumor; in five minutes I repeated the application, but to conjunctival surface only. In five minutes I everted the lid over a probe by grasping the lashes with finger and thumb, and then made a free incision through the tarsal cartilage, and with a sil-

ver probe broke up the chalazion and pressed it out. She said of this that "there was scarcely any pain." With a good guillotine and the free application of cocaine, the tonsils may be removed with minimum danger from hemorrhage, and little pain.

In consequence of difficulty and delay in procuring the drug, I was forced to perform a few operations without it, in which I was anxious to test its power. One of these, especially, was the removal of hemorrhoidal tumors.

I shall, in a few days, perhaps, have another case, and feel confident that cocaine will prove a special boon in the extirpation of this character of tumor. I shall also try it in the removal of a fibroid from the ramus of the inferior maxillary, by the hypodermic injection of a few drops of the solution around the base of the tumor and at its summit. This tumor is about the size of a guinea-fowl's egg, and is situated about midway between the chin and the angle of the jaw.

Though judging only from my *very limited* experience with cocaine muriate, I opine that there must have been some mistake as to the quality of the specimen used by Dr. Thompson, or he used too weak a solution, else he certainly would have met with better success in the abolition of pain than he reports. He says, however, that the alkaloid he used was manufactured by Merck, of Darmstadt, which should have been the very best.

I am not an enthusiast, and until now have placed very little confidence in all I have read in praise of the drug, which would amount, if bound together, to a large volume. Yet from *my* observation of it *only*, I am inclined to the opinion that its field of usefulness has not yet been half explored. Experience, however, is the crucial test. It may, like so many candidates for therapeutic favor that have in the last ten years been loudly lauded as cure-alls, have its brief day, and be remembered only as one of the *many* humbugs in medicine. It is now, however, holding its own in fashionable medicine with the wild hunt after microscopic organisms, and if it possess therapeutic value for so long a time as these infinitesimals have engrossed the minds of the greatest intellects in the profession to the exclusion of more practical progress in pathology, it will certainly prove a greater boon to suffering humanity than the discovery of every distinct and individual bacillus (as the parent and *special* propagator of each

individual disease that flesh is or may by the multiplication of germs hereafter be heir to), without the discovery of better germicides than have yet been suggested. But this is sacred ground.

Dr. Griswold's paper on "Chloral in Asthma," published in the NEWS, produces a disposition to continue this letter, as I have been using it in a favorite combination in asthma since 1863; and, like the discovery of cocaine, with me the finding of its good effects in this disease was by accident. But "thereby hangs a tale" which I propose to unfold at some future time, by way of indorsing all and more than the Doctor says about chloral in asthma.

J. P. THOMAS, Phar. D., M.D.

ELMO, KY., Jan. 25, 1885.

Selections.

ACNE ROSACEA.—T. Robinson, M. D., in an article in the British Medical Journal, divides acne rosacea into the following classes:

First, those cases which we might conveniently call congestive acne rosacea, which generally commence by reddish patches, occupying by predilection limited spaces on the cheeks, the forehead, the sides of the nose, whence the redness in some cases spreads over the whole face, and even to the ears, the shoulders, and the chest, appearing usually in an unsymmetrical manner. The red patches appear at first for some moments only, generally during or after dinner, and toward evening rather than in the morning, being more evident in very hot rooms. The redness in the first instance is very fugitive, but afterward becomes deeper in color and more lasting and is not uncommonly followed by desquamation. A precisely similar condition is met with among huntsmen, gamekeepers, and farm-laborers, and others who live much in the open air, but it is only found in those who have thin skins.

Secondly, those cases where, in addition to the congested state of the integument, papules form, which in the first instance are not red, but afterward they become vividly so, and sometimes they suppurate at their apices. These spots come out in successive crops, and in women are more marked about the menstrual period and are intensified in color by improper food or hot drinks. I should include in this group all the cases of relapsing erythema, and the so-

called relapsing erysipelas, because I believe these are only degrees of the same proclivity.

Thirdly, the "jolly" or "bottle-noses," as they are called—that is, those cases where, in addition to the varicose condition of vessels and papules, we find at times enormous hypertrophy of the cellular tissue, giving rise to the most grotesque disfigurements. A careful examination of these cases will enable us to see the whole glandular system is involved. The sebaceous glands are in every stage of inflammation; the blood-vessels stand out in bold relief. This state in no way differs from elephantiasis of the legs, which we see in the wake of varicose ulcers.

I should like to include a fourth variety, which is common in women at the climacteric period of life. It has been noticed from the time of Shakespeare, that old women grow beards; and it is a well-known fact that gradually, as menstruation ceases, women often become fat, and many of them grow a crop of hair on their upper lip, but chiefly on the chin; and it is this physiological activity in the hair follicles which in many instances (especially in those who had the acne of youth) transgresses the boundaries of health, and we see developed unsightly papules most obstinate to cure.

SPONDYLOLISTHESIS.—In the *Archiv für Gynäkologie* (Band xxii, Heft 3), Dr. Franz Ludwig Neugebauer, of Warsaw, brings forward additional evidence in favor of his views on the subject of spondylolisthesis, in the shape of three cases observed at Freiburg, two at Strasburg, and two at Berlin. He examines also a case diagnosed by the late Professor Depaul as one of deformity due to congenital dislocation of both hips: and gives reasons for regarding it as a case spondylolisthesis. He gives some very clear and instructive diagrams of the contour of the body in spondylolisthesis, and in congenital dislocation of the hips, as compared with that of health. He formulates his views on the origin of spondylolisthesis as follows. It may result (1) from a congenital unilateral or bilateral defect of ossification in the fifth lumbar vertebra, especially in its inter-articular portion; (2) primarily from a fracture (a) of the sacral articular processes when the posterior arch of the fifth lumbar vertebra is displaced forward, and its inferior articulations show a corresponding degree of elongation by traction in the sagittal direction; (b) of the arch of the fifth

lumbar vertebra in its inter-articular portion, when the posterior part of the arch of that vertebra is not displaced forward, but remains in its normal positions, whether synostosis of the lumbo-sacral articulations has taken place or not.—*Med. Times and Gaz.*

THE TREATMENT OF ESOPHAGEAL CANCER.—At the Clinical Society of London, on Friday evening, Mr. Symonds, of Guy's Hospital, describes a method of treating cancerous stricture of the esophagus by means of permanently retained tubes. The case described was that of a man for whose relief gastrostomy appeared to offer the only feasible resort; but, before proceeding to make the opening, Mr. Symonds resolved to try whether a short tube could not be so arranged and introduced through the stricture as to admit of fluids being swallowed through it. The patient had been much distressed, also, by his inability to swallow saliva, and his rest had consequently been greatly disturbed. The instrument devised by Mr. Symonds consists of the terminal six inches of a rubber catheter, to the upper end of which a slightly dilated funnel is attached, and to this latter a silk thread. The whole apparatus is passed carefully back to the pharynx and esophagus, and well through the stricture, the lower open end either passing into the stomach or nearly so. The free end of the silk thread is fastened securely round one ear of the patient, and the tube removed when required by its means. At first tubes of ivory, hard wood, and silver were tried, but it has been found that rubber stands as well, and is as safe and comfortable as any other material, the man at the present time having in one of this description, which was inserted ten weeks since. It is of the caliber of No. 10 catheter, and permits of thick fluid being swallowed with ease and comfort, while the taste is also enjoyed. This plan is an unquestioned improvement on the usual one of feeding by a stomach tube, and its extension seems to offer many prospects of high benefit. Future experience alone can prove how far the application of this method must be confined to cases in which the stricture is below the level of the cricoid cartilage. Mr. Symonds is himself sanguine that it may be found of service for even those of a post-laryngeal character.—*Med. Press and Circular.*

THE TREATMENT OF SICK-HEADACHE.—Dr. W. Gill Wylie, of New York, has produced excellent results with the following

method of treatment: So soon as the first pain is felt, the patient is to take a pill, or capsule, containing one grain of inspissated ox-gall and one drop of oil of gaultheria, every hour until relief is felt, or until six have been taken. Dr. Wylie states that sick-headache as such is almost invariably cut short by this plan, although some pain of a neuralgic character remains in a few cases.—*New York Medical Journal*.

A MIXTURE FOR WHOOPING COUGH.—Roger ("Union Méd.") is credited with this mixture:

Syrup of belladonna,	1½ ounce
Syrup of valerian,	} 6 drams each.
Syrup of digitalis,	

Each teaspoonful contains about one twelfth of a grain of the extract of belladonna. The dose, for children under two years of age, is half a teaspoonful during the day, gradually increased every two days until two teaspoonfuls are administered in twenty-four hours. With children from two to five years of age the dose may be carried up to six teaspoonfuls daily. The mixture is particularly recommended during the second stage of the disease. *New York Medical Journal*.

COCAINE IN CASES OF FEEBLE HEART.—At a late meeting of the College of Physicians of Philadelphia, Professor DaCosta called attention to the hypodermic use of cocaine in cases of cardiac failure and weak heart. He had found that doses of one third to two thirds of a grain strengthened the cardiac systole, and, as shown by the sphygmograph, the pulse became fuller, stronger, and a little slower. Given in this way it was observed that the pupils became dilated, but the effect upon sensibility of mucous membranes was only slight, and not comparable to those following its local employment. Injected into the skin it produced a wale which was insensible, but when thrown under the skin no local anesthesia was produced.—*College and Clinical Record*.

A SPLENIC MURMUR IN INTERMITTENT FEVER.—Maissurianz (*St. Petersburg Medical Wochenschrift*) describes a systolic murmur which he has heard over the region of the spleen in patients with acute intermittent. He explains the phenomena on the ground that it is probably due to dilatation of the splenic vessels following enlargement of the organ; it is also possible, he thinks,

that the arteries may be subject to alternate contraction and dilatation, so that the blood meets with an obstruction in its flow through the spleen. The murmur is analogous to that sometimes heard in the uterine sinuses during pregnancy. The writer maintains that this condition has never before been described. He has noticed the murmur in eight cases, all of which were acute. In spleens which were affected with permanent or chronic enlargement he has never been able to detect it. He considers its presence a diagnostic sign of considerable importance, and implies that such cases are most benefited by a direct application of the interrupted current over the spleen.—*New York Medical Journal*.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service for the week ended February 7, 1885:

Long, W. H., Surgeon. Relieved at Detroit, Mich., to proceed to Chicago, Ill., and assume charge, Feb. 4, 1885. *Godfrey, John*, Passed Assistant Surgeon. To proceed to Vicksburg, Miss., and Memphis, Tenn., as inspector, Feb. 6, 1885. *Bennett, P. H.*, Assistant Surgeon. To assume temporary charge of the service at Detroit, Mich., Feb. 4, 1885. *Williams, L. L.*, Assistant Surgeon. To report to the officer-in-charge at Detroit, Mich., for temporary duty, Feb. 7, 1885. *Miller, T. W.*, Surgeon. Resignation accepted by the Secretary of the Treasury, to take effect March 1, 1885, Feb. 4, 1885. *Godfrey, John*, Passed Assistant Surgeon. Promoted and appointed Surgeon by the Secretary of the Treasury from March 1, 1885, Feb. 6, 1885. *Williams, L. L.*, M. D., of South Carolina, having passed the examination required by the regulations, was appointed an Assistant Surgeon by the Secretary of the Treasury, Feb. 6, 1885.

OFFICIAL LIST of Changes in the Stations and Duties of Medical Officers of the United States Marine Hospital Service, for the week ended February 14, 1885:

Guiteras, John, Passed Assistant Surgeon, when relieved at Key West, Fla., to proceed to Charleston, S. C., and assume charge Feb. 11, 1885. *Kallock, P. C.*, Assistant Surgeon, to report to Passed Assistant Surgeon Peckham, at Wilmington, N. C., for examination for promotion, Feb. 10, 1885. *Glennan, A. H.*, Assistant Surgeon, relieved from duty at New Orleans, La., to proceed to Key West, Fla., and assume charge, Feb. 11, 1885.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department of the United States Army, from February 8, 1885, to February 14, 1885:

Town, F. L., Major and Surgeon, granted leave of absence for twenty days. (S. O. 14, Dept. of Texas, Feb. 4, 1885.) *Robinson, S. Q.*, Captain and Assistant Surgeon, from Portland, Oregon, to his proper station, Ft. Spokane, W. T. (S. O. 20, Dept. Col., Feb. 2, 1885.

THE
LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, FEBRUARY 28, 1885.

Original.

OÖPHORECTOMY.*

BY T. M. KYLE, M.D.

Operative interference for removal of morbid growths from the abdomen and pelvis, and as a means of diagnosis in many of the obscure diseases of these cavities, marks an era in the progress of modern surgery, since it has been fully recognized that by this means some diseases hitherto regarded as incurable may be successfully treated.

The necessity for the extirpation of the ovaries for diseases affecting the nervous system is not clearly understood, and it may take many years to demonstrate some of the laws which regulate and control physiological as well as morbid action. It is a well-recognized fact that there is a strong, and in many instances a controlling influence exercised over the mind by a morbid state of the generative organs, both in the male and female. Just where the normal ends and the morbid begins none would attempt to say.

We sometimes see men and women of education, refinement, first-class business capacity, and strong moral sentiment, giving way to morbid sexual desire, and wrecking fortune, character, and position. When sexual desire transcends the power of the will, it must be regarded as pathological. This is the case in nymphomania and satyriasis in the human subject, so clearly seen in those idiots and insane in whom the sexual propensity exercises a controlling influence, not that this passion is always strong, but that it is not governed by intelligence or controlled by the will.

Doctor Blanford, of the Royal College of London, in his work on Insanity, speaking

of nymphomania, says: "When we see violent sexual excitement in the insane we must not assume that the origin is always in the sexual organs, for I am convinced that it may be propagated from an excited brain to them."

The following case of nymphomania and treatment by oöphorectomy shows, in this single instance at least, the benefits of this form of treatment. A somewhat detailed report of the case may seem prolix, but it is due the profession, that knowing all the facts they may judge correctly as to the propriety of resorting to so grave an operation as oöphorectomy for the cure of this form of insanity.

Indiana Johnson, white, aged twenty-five years, single, was admitted to the insane ward of the Dearborn County Asylum, January 3, 1883, for nymphomania. Otherwise she was healthy. She had led the life of a prostitute for three or four years previous, having borne two children, the eldest being four years old, the youngest two. Previous to the birth of her first child she showed no symptoms of nymphomania. After the birth of her second child she began to manifest strong and uncontrollable mania, refusing all restraint. Her parents informed me that during her pregnancy her mental condition was apparently sound, the patient remaining at home and taking part in domestic affairs. After this event she was sent to the asylum for protection. Such was the condition of her mind from admission to the date of operation that she had to be confined to a dark cell, being thus shut off from all male attendance and visitors. The mere presence or conversation of either would throw her into a violent fit of mania. She would divest herself of all clothing, use obscene language, and implore that some one might be admitted to her cell to satisfy her morbid propensity.

Oöphorectomy was the only remedy that

*Read before the Mitchell District Medical Society, of Indiana, December 30, 1884.

promised any relief. Consequently, on the 26th day of May, 1884, assisted by Dr. Craig, former house physician, and Dr. W. H. Tyrrel, Secretary of the County Board of Health, Battey's operation was performed. The time consumed in this procedure, from the commencement of the administration of the anesthetic to the completion of the dressing was sixty-three minutes. An incision extending from the umbilicus to the pubes was made. All hemorrhage controlled by hot water. Antiseptic precautions used; instruments, sponges, every thing used during the operation were thoroughly disinfected. But little trouble was experienced in reaching the ovaries. Each in its turn was raised from its position and ligated with silk. The left ovary weighed fifty-five grains and the right ninety-five—both being healthy in appearance. The peritoneal cavity was thoroughly cleansed. A flat sponge covered the viscera, and was allowed to remain until all the sutures were put in place. As they were tightened the sponge was brought down; thus it was made to absorb all the blood which came from the needle-punctures. Several thicknesses of patent lint were applied, and a bandage completed the dressing. The patient was put to bed, and morphia given to control restlessness and secure sleep. The diet was to consist of milk and broth.

Second day, 9 A.M. The patient had spent a comfortable night, remaining quiet and sleeping for several hours. She had vomited two or three times.

Third day, 9:30 A.M. Pulse 108; temperature 99.5° F. Slept well; no vomiting. Menstruation came on during the night.

Fourth day, 8 A.M. Pulse 112; temperature 99.5°. The patient was restless and very talkative. She had removed the dressing, unobserved by the nurse. Slight tympanites. She was given two drams, in divided doses, of deodorized tincture of opium. I ordered full doses of quinine and whisky and the local application of turpentine. There being retention of urine, a catheter was used. 7:30 P.M. Patient had been more quiet during the day. Pulse 104; temperature 99°.

Fifth day, 8 A.M. Pulse 100; temperature 98.75°. Patient had been very restless and talkative all night. Although the opium had been given in full doses it did not produce sleep. Quinine and whisky were continued. The tongue was dry and red. Concentrated nourishment was given *ad libitum*.

Sixth day, 9 A.M. Pulse 112; tempera-

ture 102.2°. Violent delirium; singing and talking. Patient had been allowed to change her position in bed, according to the nurse's own statement, fifty times. I gave hypodermic injections of morphia and discontinued the opium.

Seventh day, 7 A.M. Pulse 104; temperature 101.25°. She spent a quiet night, and was more rational; she took sufficient nourishment. The wound is healing by first intention. Slight tympanites. Bromidia was substituted for the morphia, and carbolized dressings applied to the abdomen.

Eighth day. Pulse 98; temperature 99.5°. The patient had slept well all night. Tongue moist. She was quieter than any time since the operation. She partook freely of meat broth and milk. Bromidia to be given if restless. The menstrual flux had nearly ceased.

Ninth day, 9:30 A.M. Pulse 98; temperature 99.2°. The patient slept well all night, and took no medicine. The local applications were continued.

Tenth day, 9 A.M. Pulse and temperature the same as yesterday. Mind brighter; she is conversing more rationally than at any time since her admission.

Eleventh day, 2 P.M. Condition unchanged; no tympanites. I gave Seidlitz powders.

Twelfth day, 7 A.M. Pulse and temperature normal. The patient is rapidly improving. She was allowed to sit up for one hour. Slept well. The wound was nearly healed, the sutures having been removed on the ninth day and adhesive strips substituted.

Thirteenth day, 10 A.M. The patient is much improved. She had two stools to-day. Appetite good. Her condition remaining good from day to day, she was allowed from this time on the privileges of her room.

On the twenty-first day she was allowed to leave the ward. For two or three weeks her mental condition was much improved, and she manifested great anxiety to return home (in the meantime her parents had separated), making several attempts to run away. The superintendent was compelled to return her to the insane ward, and to keep her confined. In her present condition she manifests no sexual desire, wears her clothing, and is cleanly. Menstruation has continued regularly since the operation.

We learn from this case, (1) That the removal of both ovaries may annul sexual desire, and may therefore be looked upon as

a remedy for nymphomania. (2) That menstruation does not depend on ovulation. (3) That permanent injury had been done the centers of intellection, though one prominent symptom of the disease had been cured. The patient is likely to suffer from chronic mania.

MANCHESTER, INDIANA.

INTESTINAL STRANGULATION.

BY E. P. EASLEY, M. D.

On the 15th of January last Mrs. S., aged forty-three, while attempting to drive a nail in the top casing of a window, felt something give way in the abdomen. Soon afterward she had a copious diarrhea lasting several hours, with vomiting and severe abdominal pain. Her bowels at once became inactive and failed to respond to large doses of castor oil, Crab-Orchard salts, and salt-water injections into the rectum. Pain and vomiting were persistent, though not violent nor very distressing. On the 24th she vomited a large quantity of stercoraceous matter, revealing what had not been suspected, a constriction of the intestine. Patient's condition at this time was fairly good; pulse 96, temperature normal; slight tympanites; much borborygmus.

Up to this time she had taken opium by the mouth and hypodermically in medium doses. She was now given a half grain of morphine by the hypodermic syringe, and the dose was repeated next morning. This was continued night and morning (with an additional dose of a quarter of a grain by the mouth at intervals through the night) until recovery.

On the 25th her condition was much the same, except an increased frequency of the pulse; she still vomited feculent material.

Gastrotomy was now talked of and Dr. Sloan was called in consultation, but as the seat of the constriction could not be located and the symptoms were not very alarming he advised against it at present.

On the 30th the patient (in the meantime vomiting fecal matter daily) had a small, liquid stool, and on the 31st several of like character. Since then she has had a normal evacuation daily. At no time did death seem imminent, the pulse never going above 120 per minute. Prostration was greater after the evacuation of bowels than before; strength and appetite returned slowly.

The seat and nature of the obstruction

can only be surmised. Her age and the symptoms render intussusception improbable. The introduction of a long rubber tube showed no stricture of the rectum nor twisting of the descending colon, nor was any thing observed in the case that would lead to the conclusion that the constriction was spasmodic (ileus). The theory of fecal obstruction (ileus paralyticus) is untenable, because the history of such occlusions is wanting in this case. Neither is it likely that diverticula were the cause of the strangulation. The woman had pelvic cellulitis after her last confinement, seven years ago, and this fact points to false ligaments in the pelvis as the most probable cause of the incarceration.

The most acceptable theory of cure seems to be this: Peristaltic action was completely arrested and held in abeyance by opiates, inflammatory reaction being thereby prevented; the early diarrhea and rectal injections evacuated the bowel below the constriction, the vomiting emptied it above, and thus allowed the intestine to free itself either by its own resiliency or by change of position.

Some excuse, perhaps, is necessary for the delayed diagnosis. When I saw her first, on the 17th, I was informed that she was suffering from suppressed menstruation, something not unusual with her. I failed to get the early history of the case, and I saw her but once after that until the 24th, when the vomited matter at once revealed the nature of the case.

NEW ALBANY, IND.

A CASE OF PLACENTA PRÆVIA.

BY E. J. KEMPF, M. D.

January 5, 1885, I was called in consultation with a midwife in regard to Mrs. F., who was pregnant with her seventh child. About seven days before the patient had had a severe hemorrhage, which stopped after a short while. The midwife received unlimited praise for this, and she left the patient with the assurance that every thing was all right, and that she would go to full term without any further trouble whatever. It was supposed by the midwife as well as by the husband that it was about the eighth month of the patient's pregnancy. Off and on for a week short spurts of blood caused the pregnant woman much uneasiness, and gradually weakened her faith in the "thoroughly expert" midwife. Several hours ago

the woman flooded to such an extent that she became badly frightened and sent for me to come to her aid as soon as possible.

I found the patient in a fainting condition, almost pulseless, pale, and weak from the loss of blood. So profuse was the hemorrhage that the blood soaked through the bedding and flowed on the floor. The os was dilated to the size of a nickel and the placenta could be felt through the opening. The presentation could not be made out at this time.

I tamponed the os uteri, and then packed the vagina with cotton, and sat down to think over the matter. I sent for Dr. Vene-man to give chloroform and proceeded to deliver the woman, although labor had not yet commenced.

Removing the tampon I introduced my hand into the vagina and proceeded to dilate the os uteri with my fingers. First one finger was inserted into the dilatable os, then another, followed by the hand in the shape of a cone. Breaking through the placenta I found the head presenting. This I pushed aside and upward, which was very easy to do, the child still swimming in the liquor amnii. I now ruptured through the membranes and hunted for a foot. I pushed the arm, which at first appeared to be a leg, aside and passing my fingers along the abdomen of the fetus I reached the thigh and at last the foot, which was brought down without any trouble. This I tied with strong tape which I held with my engaged hand. The other foot was brought down and the child was delivered in a short time. The placenta was immediately removed by Crede's method supplemented by traction at the cord.

The operation was followed by the hypodermic injection of Squibb's extract ergot dissolved in water. The patient having recovered from the chloroform she received an eighth of a grain of morphine in whisky toddy, and as a further precaution her limbs (arms and legs) were bandaged, in order to furnish the heart as much blood as possible. The after-treatment consisted of rest, nutritious diet, quinine, iron, ergot, and cleansing of the vagina with carbolyzed water.

The patient made an excellent recovery. I must not forget to mention that the child was born dead, and that I diagnosed it as dead before I commenced the operation of turning.

The treatment which I pursued in this case is called the Braxton Hicks's method.

FERDINAND, IND., February 19, 1885.

Miscellany.

ASTHMA CAUSED BY AN ACCUMULATION OF CERUMEN IN THE EXTERNAL AUDITORY CANAL.—A. B., age about seven years; light complexion; of a nervous temperament. I was called, August 7th, 1884, to prescribe for this little boy. I found him poorly nourished, and suffering from asthma and indigestion. The asthma, the most prominent of his symptoms, was accompanied with the usual cough, which was greatly increased at night after lying down, so that it deprived him of his sleep and rest. Not being able to satisfy myself as to the cause of his train of symptoms, upon my first visit, I gave him an anodyne cough mixture, with medicine to assist in digesting his food, also giving directions regarding his diet. Calling upon the fourth day, I found my little patient "about the same." At this visit I discovered that my patient was a little dull of hearing, and, upon examining the external auditory canal, I found it almost entirely occluded with cerumen. I at once set to relieve this, by first softening the mass, anticipating a relief as soon as I accomplished the removal of this accumulation, deciding that our symptoms were due to reflex irritation of the pneumogastric nerve. To my gratification my anticipations were fully realized the third day after removing the cerumen. The little fellow was relieved from the distressing symptoms, began to eat with more relish, slept better, free from cough, and his asthma began to improve, and he was soon himself again. I had not at this date, read nor heard of a report of a case in which these symptoms were dependent upon this cause. Consequently it was of no little interest to me, and thinking that I might interest your readers, I communicate to you my experience.—*H. B. Gibbon, in the Medical Age.*

TRACHEOTOMY IN DIPHTHERITIC CROUP. Winters, in an article on Tracheotomy in Diphtheritic Croup, read before the New York Academy of Medicine, concludes as follows: "Performed early, it snatches from certain death fully two fifths of all cases. No patient that dies after the operation would have lived if it had not been performed. When it fails to save life, the relief afforded and the substitution for the most agonizing mode of death—strangulation—of one of the least, by asthenia, are sufficient

reasons to justify its performance. The dictates of science, facts, and common humanity unite in demanding it. Severino, in the seventeenth century, said of it: 'It is a divine invention.' Prof. Letamendi says: 'In the days of more knowledge and less nonsense tracheotomy will be ranked among the minor surgical operations.'"

AMERICAN DIPLOMAS ABROAD.—In the Medical and Surgical Reporter of February 14th is an account of another diploma mill that has been in operation in England and on the Continent. This time the diplomas are furnished by a dental college said to be situated at Delevan, Wisconsin. For one hundred and forty dollars the degree is furnished. The sale of American diplomas in Europe has become so common that it has caused our foreign colleagues to look with suspicion on every American medical man with whom he comes in contact. The Medical Record of the same date says that the Hospital Gazette and Student's Journal claim that the University of Vermont has announced abroad that it will for £6 (\$30) furnish the degree of M. D. to any British practitioner who will undergo examinations in June next.

SPONGE LEFT IN THE ABDOMEN.—Dr. C. H. Briddon, at a recent meeting of the the New York Surgical Society, the proceedings of which are published in the New York Medical Journal, reports a case in which he operated for removal of the uterus by abdominal section. The patient died on the sixth day, and when the post-mortem was made a sponge was found encapsulated with lymph lying in the right iliac fossa.

[At the last meeting of the American Gynecological Society a number of cases of this kind were reported, and they show how careful operators should be to follow the plan of Keith: "Count the sponges before operating, and be sure when you are through that you have them all."]

SANITARY COUNCIL.—The executive committee of the Council of the Mississippi Valley has fixed the date of the seventh annual meeting of the Council for Tuesday, March 10th, prox., and in the city of New Orleans. This is about a month earlier than its meetings are usually held, and the committee assigns as a reason for the change the probability of Asiatic cholera appearing in the country, and the uncertainty concerning national legislation on public health mat-

ters. Invitations are extended to all State and local health authorities in the Valley, and to representatives of commercial and transportation interests.

PINUS CANADENSIS.—At the meeting of of the National Medical Association, held at Columbus, Ohio, Dr. J. R. Borland reported a case of uterine hemorrhage of twenty-five years' standing which was successfully treated with S. H. Kennedy's Extract of Pinus Canadensis. He also spoke very highly of this remedy in the treatment of leucorrhea. Dr. George M. Smith, of Bloomington, Ill., reports success with the white pinus in the treatment of otorrhea and catarrhal conjunctivitis.

ORTHOPEDICS IN LONDON.—A correspondent of the Physician and Surgeon, speaking of medical study in London, says: "In orthopedics I think London is far behind our country. They repudiate at the Royal Orthopedic Hospital entirely Dr. Sayre's principle of extension and fixation in hip and spinal disease, and use no plaster of Paris. When asked what they substituted for the hip-extension splint, they said they required hip-disease cases to remain in bed until they recovered or died—usually the latter."

NITRATE OF SILVER FOR FISSURE OF THE ANUS.—At a recent meeting of the New York Clinical Society (New York Medical Journal) Dr. Kelsey stated that for the past two years he had not been obliged to stretch the sphincter for fissure of the anus in a single case. He had used instead a weak solution of nitrate of silver, five to ten grains to ounce. In one patient recently under his care a single application of a ten-grain solution effected a cure; another very obstinate case was relieved in three weeks.

ON February 26th and March 3d and 5th Dr. William Osler, of Philadelphia, delivers the Gulstonian lectures before the Royal College of Physicians, the subject being "Endocarditis."

EDITORIAL CHANGE.—Dr. J. Nevins Hyde has resigned the editorship of the Chicago Medical Journal and Examiner, and Dr. S. J. Jones has been appointed in his stead.

Dr. E. C. SPITZKA has resigned the chair of Neuro-Anatomy and Physiology in the New York Post-Graduate Medical College.

The Louisville Medical News.

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J. MORRISON RAY, M. D., - - Assistant Editor.

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BRILLIANT ABDOMINAL SURGERY.

The question as to whether the abdomen should be opened in the treatment of gun-shot wounds which penetrate the intestines has been for some time a moot point in surgery, many prominent surgeons at home and abroad favoring the measure, while many more are arrayed in opposition to it. The arguments of the opposing side, till recently, have been hard to meet, in view of the fact that such eminent advocates of the measure as Sims, Gross, Otis, McGuire, and Nussbaum have not been able to strengthen their cause with the record of a single successful case.

The paper which Dr. Sims, not long before his death, presented to the New York Academy of Medicine was indeed remarkable, calling forth an able and vigorous discussion, and making a lasting impression upon the professional mind. But, nevertheless, it was a noteworthy fact that the author, although one of the most brilliant and successful workers in the field of abdominal surgery, was compelled to base his arguments for this operative procedure upon theoretical grounds, or analogical items gathered from his experience in laparotomy for the removal of

tumors, the management of visceral diseases, and derangements, or wounds in which the projectile had played no part.

America is the birthplace of abdominal surgery. Since the first ovariectomy by McDowell, much has been expected of American surgeons, and much has been done by them toward the development of what was partial or incomplete in this department, and the enlargement of its sphere of usefulness; though doubtless, in view of the marvelous doings of Billroth and his disciples in one direction, and the splendid successes of Spencer Wells, Lawson Tait, and Mr. Keith in another, the Old-World surgeons may be said to carry off the palm for grand achievement upon lines already marked out, if not for original suggestion.

The first successful case of laparotomy for gun-shot wound done in this country, and the second on record, is reported in the New York Medical Journal of February 14th by Dr. W. T. Bull. A man shot in the abdomen by a bullet from a revolver (caliber No. 32) was admitted into the Chambers Street Hospital, New York, where, twelve hours after the accident, Dr. Bull saw him. The wound was situated at a point an inch and a half below the navel, and an inch and a half to the left of the median line. Seventeen hours after, having convinced himself by probing the wound that the bullet had entered the abdomen, Dr. Bull made a median incision through the abdominal wall. The gut presented, and on careful examination seven perforations were found. These were all closed with silk sutures. The search was continued, and the bullet was at last found lodged in the wall of the sigmoid flexure. The wound in the abdomen was closed after the cavity had been thoroughly cleansed with a solution of carbolic acid (two and a half per cent). As a preliminary to the operation carbolic acid by means of the spray was diffused through the room, in which was maintained a temperature of 80° F. All solutions were used warm.

The first performance of this operation with a successful result is reported by Kocher, of Berne. In this case, however, but one opening had been made by the ball, and this was through the anterior wall of the stomach, a trivial matter when compared with the perforations with which Dr. Bull had to contend. Three months after the operation Dr. Bull presented his patient to the New York Surgical Society, at which time he was fully recovered.

A noteworthy feature of Dr. Bull's case, is the thoroughness with which search for the perforations was made. The wall of the abdomen was divided from the navel to the symphysis; coil after coil of the gut was brought out into full light and submitted to the closest scrutiny. Seven punctures were found and closed (had there been seventeen not one would have escaped this surgeon's eye), and the bullet tracked to its lodging place in the sigmoid flexure.

This is commendable work, and in its happy result adds luster to the already brilliant achievements of American surgery. It demonstrates the wisdom of methods advocated by Gross* more than forty years ago, and gives reason for the hope that the prophetic utterances of Sims as to the successful management of shot wounds through the intestines are early finding fulfillment. The many advocates of the so-called conservative practice in the treatment of gunshot wounds of the abdomen, which means in most cases the abandonment of the patient to his fate (death), will doubtless feel a twinge of conscience as they note the issue in this case, and resolving in future to give their patients the benefit of the chance afforded by radical treatment, will probably soon add to the statistics of suc-

*"It will not do for the surgeon to fold his arms and look upon the scene as an idle and uninterested spectator. Far otherwise. He has a duty to perform, and that duty consists in dilating the external wound, if it be not already sufficiently large, in hooking up the injured bowel, and in closing the solution of continuity with the requisite number of stitches, at the same time that the effused matter is carefully removed with tepid water and a soft sponge." What Dr. Gross suggested, now more than forty years ago, as applicable to extensive wounds of the gut has, as is well known, recently been widened so as to embrace all penetrating injuries of the bowel, but the honor belonging to the entire procedure is now claimed by others. I submit that it belongs to Dr. Gross.—*Dr. W. O. Roberts; American Practitioner, Jan., 1884.*

cessful cases and the sum total of human life, while those who have practiced this treatment, however timidly and unsuccessfully, will now be encouraged to continue the work.

Bibliography.

Babyhood. Devoted exclusively to the Care of Infants and Young Children, and the General Interests of the Nursery. February, 1885. A Monthly Magazine, edited by LEROY M. YALE, M. D., and MARION HARLAND. Babyhood Magazine, No. 18 Spruce Street, New York. Single number 15 cents; \$1.50 a year.

This is a large double-column octavo of 34 pages, elegantly printed, beautifully illustrated, and full of sound and practical reading matter. If it be a fact that the bringing into the world of children, and their evolution into true men and women be the worthiest occupation of man, then truly this periodical has the best of reasons for being. It may be read with profit and with pleasure by every mother, father, physician, and nurse in the land.

Transactions of the American Ophthalmological Society. Twentieth Annual Meeting, Catskill Mountains, 1884. Boston: Published by the Society. 1885.

This is a pamphlet of 145 pages, and contains a number of very interesting and instructive papers by prominent ophthalmologists. That the meeting was an interesting one will be shown by the discussion that follows each paper. There was a variety of subjects introduced, and from examination of the transactions one is struck with the thoroughness with which they are handled. A number of new members were admitted, and the following change in the constitution was adopted: "Candidates for membership shall have been engaged in the practice of ophthalmic surgery for at least five years, shall have given evidence of satisfactory scientific attainments, and shall have conducted themselves in conformity with the ethical rules of this society." R.

Special Report on the Hungerford Outbreak. (Small-pox). ARTHUR S. HARDY, Secretary, Office, Toronto, February 7, 1885.

Much credit is due Dr. Bryce, the health officer of Ontario, for the prompt and thorough manner with which he met this out-

break. The laws of the province not requiring compulsory vaccination, many of the inhabitants were unprotected. But the short time that elapsed between the first outbreak and the date of its cessation shows what good may be accomplished by prompt action on the part of medical officers.

Transportabler und Zerlegbarer Krankenhebeapparat von Stabsart. DR. HASE in Hanover, und Dr. Med. GUST. BECK in Berne.

This is a well-written description of a very ingenious apparatus for suspending patients in the reclining posture. Its uses to the surgeon, especially in hospital practice, are evident.

Report of the Proceedings of the Illinois State Board of Health. Adjourned Meeting, Springfield, February 5 to 7, 1885. JOHN H. RAUCH, M. D., Secretary.

The fight with the quacks is still raging in Illinois, and it is evident from the showing of this report that the quacks are not getting the best of it.

Obstruction of the Gall-duct and its Bad Consequences, with Remedial Operation Suggested. By J. McF. Gaston, M. D., Atlanta, Georgia.

Monographia Syphilitica. A journal devoted to the Treatment of Diseases of the Blood. By "Succus Alteraus." Edited by George W. McDade, M. D., Montgomery, Alabama. Eli, Lilly & Co., Publishers, Indianapolis, Indiana.

Contributions from the Ophthalmic Clinic of Prof. W. W. Seely, Medical College of Ohio. Acetate of Lead in Ocular Therapeutics. By David DeBeck, M. D., Assistant to the chair of Ophthalmology. Cincinnati: Press of Robert Clark & Co. 1884.

Wood's Library of Standard Medical Works for 1885. Human Osteology: Comprising a Description of the Bones, with Delineations of the Attachments of the Muscles, the General and Microscopic Structure of Bone and its Development. By Luther Holden, ex-President and Member of the Court of Examiners of the Royal College of Surgeons, of England; Consulting Surgeon to St. Bartholomew's and

the Foundling Hospitals: Assisted by James Shuter, F. R. C. S., M. A., M. B., Cantab., Assistant Surgeon to the Royal Free Hospital; late Demonstrator of Physiology and Assistant Demonstrator of Anatomy at St. Bartholomew's Hospital. With numerous illustrations. Sixth edition. New York: William Wood & Co., 56 and 58 Lafayette Place. 1885.

Manual of Nervous Disease, and an Introduction to Medical Electricity. By A. B. Arnold, M. D., Professor of Diseases of the Nervous System and Clinical Medicine, College of Physicians and Surgeons, Baltimore, Md. With illustrations. New York: J. H. Vail & Co. 1885. For sale by John P. Morton & Co.

Condensed Monthly Statement of Mortality in the city of Nashville, Tennessee, for the month of January, 1885, accompanied by the Daily Meteorological Observations furnished for the same period from the office of the Signal Service, U. S. A. Published by order of the Board of Health. Charles Mitchell, M. D., Health Officer and Registrar.

A Handbook of Pathological Anatomy and Histology: with an Introductory Section on Post-mortem Examinations and the Methods of Preserving and Examining Diseased Tissues. By Francis Delafield, M. D., Professor of Pathology and Practical Medicine, College of Physicians and Surgeons, New York, and T. Mitchell Prudden, M. D., Director of the Physiological and Pathological Laboratory of the Alumni Association of the College of Physicians and Surgeons, New York; Lecturer on Normal Histology in Yale College. New York: William Wood & Co., 56 and 58 Lafayette Place. 1885. For sale by John P. Morton & Co.

Dr. J. M. POYNTER, of Richmond, Ky., was recently made a member of our State Board of Health by the Governor. Dr. Poynter is an accomplished physician, and will fill the office with credit to his profession and the State.

DR. F. O. YOUNG, of Lexington, Ky., says: I have used papine in my practice and have taken considerable pains to test it and watch its action. I think it superior to any preparation I ever saw used containing opium. It is safe and pleasant, and in no case did it ever produce the least nausea.

Pharmaceutical.

Conducted by Simon Flexner, Ph. G.

MERCURY OXIDES IN MERCURIAL PREPARATIONS.—Mr. Harold Senier, in the *Pharmaceutical Journal and Transactions*, draws attention to the presence of mercuric and mercurous oxides in blue mass and mercury and chalk which have been kept for some time, and especially when prepared on the large scale. It would appear that the proportion of the oxides increases with the age of the preparation. In one sample, during a period of eight years, the increase was from .24 per cent of mercuric and .62 per cent of mercurous to 1.20 per cent mercuric and 3.62 mercurous oxide. In conclusion it is urged that pharmacists prepare these substances themselves at periods of from three to six months, "so as to insure having them in a fresh condition and free from injurious oxide."

QUININE AND HOMOQUININE.—These two alkaloids, it is now assured, occur in the cupea bark, *Remiji pedunculata*. For a time it was doubted that quinine ever occurred outside of the cinchona barks, and therefore the claim of having found it in cupea bark was not immediately allowed. But at this time this is no longer questioned, the quinine of the cupea bark having been proved to be identical with that yielded by the cinchonas. Homoquinine is furnished by this new source of quinine, and while it differs in some respects from ordinary quinine is convertible into it.

Homoquinine is an alkaloid having strongly basic properties, neutralizing acids, and forming, as does ordinary quinine, two classes of salts—neutral and acid. Its behavior to polarized light led Whiffen to name it "ultraquinine," but O. Hesse has shown that since he failed to mention which of the salts (acid or neutral) he has used in making his observations, its difference from quinine in this respect does not necessarily follow; for, under like conditions of dilution, etc., it was ascertained by Hesse himself "that the two solutions did not differ from one another in respect to their optical behavior."

PREPARATION OF COCAINE HYDROCHLORATE.—Mr. L. E. Sayre, in the *American Journal of Pharmacy*, gives a process for the manufacture of the above salt which is about as follows: Coca leaves are to be

exhausted by displacement with dilute alcohol previously acidulated with sulphuric acid. To the percolate so obtained calcic hydrate is to be added, and the liquor neutralized with sulphuric acid. This liquid is to be distilled and the residue dissolved in water, the watery solution being filtered. The filtrate is to be decomposed with sodic bicarbonate, the liberated alkaloid extracted by ether, some hydrochloric acid added to convert it into hydrochlorate, and the ethereal solution allowed to evaporate, when an amorphous, slowly crystallizing mass will be left. The salt is further purified by recrystallization. The author, who credits the process to Niemann, fails to mention whether or not he met with success in the practical application of it, and, judging from the experiments of Dr. Squibb, and the known proneness to decomposition of the alkaloid itself, it is not assured that in practice it would be a paying one. At present there is being manufactured in this country rather a large quantity of the alkaloid and its salts, and the only marvel is that it can be produced with the present high tax on alcohol and ether at the latest offered figures, for it is probably known to all that within the last week there has been a considerable decline in prices. However this may be, the processes used on the large scale have not as yet been divulged.

Correspondence.

ATTEMPTED SUICIDE.

Editors Louisville Medical News:

The following case is remarkable enough to merit a place in the columns of your excellent journal:

May 30, 1879, Joseph Gaume, a barber, while assisting in preparing for burial the victims of the tornado which had swept over Irving that day, stole an engagement ring from a young lady's finger.

July 21, 1879, while under the influence of a prolonged bout of hard drinking and of fear of personal injury at the hands of the friends of the aforesaid young lady, he attempted suicide by cutting his throat with a razor. Ten minutes at least must have elapsed before Dr. H. H. Tenney and myself reached the place where he lay wallowing in a pool of gore and bleeding like a stuck pig. He had made several gashes across his throat below the cricoid and thy-

roid cartilages. One of the tracheal cartilages was almost severed and hung by a filament from the wound. The common carotid artery on the right side was cut half off. With every expiration the blood would fill the yawning wound and bespatter the surgeon.

Dr. Tenney at last succeeded in introducing his finger under the artery and lifting it from the bed while I tied both the distal and cardiac ends. The radial pulse once more became discernible and the gash in the throat was sewed up. The next morning the patient with a large pocket knife stabbed himself in the third and fourth left intercostal spaces. He aimed at the heart but struck too high. The nurse heard the hiss of the escaping air. These wounds were closed by adhesive plaster. The neck wound had to be reclosed by sutures; no extra precautions were taken, and July 30th the patient was discharged. I heard that he committed suicide the year after by throat cutting.

LEVI CHASE, M. D.

IRVING, KAN., February, 1885.

THE ALUMNI ASSOCIATION OF THE UNIVERSITY OF LOUISVILLE (Medical Department) will hold its regular annual meeting at the college building on Monday, March 2d, at half past seven o'clock. Business of importance will be transacted. A full attendance is requested.

E. P. EASLEY, M. D.

NEW ALBANY, IND.

Secretary.

Obituary.

WILLIAM BRAITHWAITE, M. D.—The New York Tribune, February 19th, announces the death of the well-known English physician and surgeon, William Braithwaite, the founder of *The Retrospect of Medicine*, who died at his home in Leeds on January 31st. The Yorkshire Post of February 2d contains the following:

He was the oldest medical practitioner in Leeds, and in his large and varied practice he was esteemed on all hands, both on account of his great knowledge and his sympathetic and kindly disposition. Dr. Braithwaite was born in 1807, and was therefore in his seventy-eighth year. His health for some time past has been such as to cause serious apprehension on the part of his family and friends, and his death on Saturday was not altogether unexpected. He was brought up by the Rev. Richard Hale, at Harewood Vicarage, and was apprenticed to the eminent surgeon, Mr. Thomas Teale, and afterward to his equally eminent son, Mr. Thomas

Pridgin Teale, so that he pursued his medical curriculum under exceptionally favorable circumstances. He also studied at St. George's Hospital. The deceased gentleman began practice in Leeds on his own account in 1830, and filled the post of honorary surgeon to the Eye and Ear Infirmary, and lectured at the Leeds Medical School on the diseases of women. Though occupied in the management of a large practice, he found time to add materially to the literature of his profession. In 1840 he began a medical work which has since become widely known. Its title is *The Retrospect of Medicine*. It is published half-yearly, and has now reached its ninetieth volume. It is republished in America, where it is widely known and as highly valued as here. During the last few years his son has been co-editor with him of this journal. He married a daughter of Mr. James Beardoe, of Ardwick Green, near Manchester, by whom he is survived. He also leaves three sons.

In 1840 Dr. Braithwaite's half-yearly *Retrospect* was republished by Daniel Adee, at \$1 per annum. At that time there were only two medical publications on this side of the Atlantic. Subsequently by the gradual enlargement of its pages the price of the *Retrospect* was increased to \$3. In 1850 *The Retrospect* became the property of Stringer & Townsend, from which year, by an agreement with its editor, advance copy of his work was received in this country in time to be issued simultaneously with the London edition, for which an annual royalty was allowed. W. A. Townsend, successor to Stringer & Townsend, has continued the publication to the present time, with a constantly increased circulation and popular demand. In May, 1881, Dr. Braithwaite wrote to his American publisher as follows:

I little expected about forty years ago that I should live to see my eighty-second volume, and that it still maintains its popularity. I am now seventy-four years of age, but feel uncommonly well, thanks to being a total abstainer from alcohol for nearly thirty years.

A letter just received by Mr. Townsend, dated February 3d, from Dr. James Braithwaite, says:

I grieve to have to inform you of my father's death, which occurred on January 31st, last. He died without any suffering and from failure of the heart, which had been noticeable for twelve months previously. I shall carry on *The Retrospect* with the assistance of Dr. A. G. Barre, assistant physician to the Leeds General Infirmary. I have done all the heavy work of the book for twenty-five years, that is, all the writing.

It will be seen *The Retrospect* will be published as before under his editorial charge, assisted by able colleagues. Dr. James Braithwaite's name has appeared on its title page connectedly with his distinguished father's for a quarter of a century.

Selections.

COCAINE AND CAFFEINE.—A short time ago a deservedly prominent pharmacist of the East, noted both for his scientific attainments and his conservatism, declared as the results of experiment conducted by himself, that coca erythroxyton was a particularly inert substance, in so far as medicinal virtues were concerned, that there was nothing in it to give it preference in any direction to tea or coffee, and intimated that the claims which had been made for it as a nervous stimulant had no better foundation than such as is furnished by the imagination of those who are influenced by parties interested in the sale of the drug. Such a declaration, made in the face of volumes of testimony to the virtues of coca erythroxyton gathered from the experience of active practitioners of medicine, very naturally surprised many who had come to regard the gentleman as one of our most reliable authorities on matters pertaining to pharmacy and the materia medica. The declaration had, however, been scarcely published to the profession, when the discovery of the remarkable anesthetic properties of the alkaloid of coca erythroxyton, by Koller, fixed the drug indisputably as one of the most important in the hands of the profession. This discovery, moreover, was of such a nature as to reflect no little credit on those manufacturing pharmacists on whose representations the profession was led to accord coca the extensive trial with which it had been favored in this country. There is a moral very clearly deducible from this whole matter. The experiments of the laboratory should not always be accepted as proofs of the unreliability of the practitioner's experience.

Certain experiments by Dr. Argyll Robertson, M. D., F. R. S. E., and reported in the British Medical Journal of the 3d ult., are of interest in the above connection. The similarity of caffeine to cocaine in chemical constitution, naturally suggested the former to him as a possible substitute for the latter, more particularly as it is much less expensive. He accordingly obtained a sixteen-per-cent solution of caffeine by the employment of sodium salicylate and applied it for its local anesthetic action. He found that it acted similarly as a mild mydriatic, but that it did not produce the slightest anesthetic effect on the conjunctiva to which it was applied. The dilata-

tion of the pupil commenced about half or three-quarters of an hour after the introduction of one or two drops, and passed off within twenty-four hours. The application produced a little smarting, which lasted a few minutes, and also induced some slight conjunctival injection, which endured for some hours. This, however, may be attributable to the saline character of the solution.—*Medical Age.*

IODOFORM IN THE TREATMENT OF GOITRE.—My object in these brief remarks is not to give the different modes of treatment for the various forms of bronchocele, but to detail a line of treatment in which I have met with remarkable success in the last four or five years.

The most common variety of bronchocele met with is a simple hypertrophy of the thyroid gland, either one or both lobes; and it is in these cases, whether they be acute or chronic, that this treatment is especially applicable.

CASE I. A married lady, aged sixty, applied to me for the relief of a "swelling," of four years' duration, on the right side of her neck. Examination showed it to be a bronchocele involving the right wing of the thyroid gland.

CASE II was a young lady, sixteen years old, who had a goitre of two years' duration, involving the right wing and isthmus.

CASE III. Mrs B., aged thirty-five, consulted me in the summer of 1882, giving the following history: About three years previous she had noticed a slight enlargement on the left side of her neck, which grew in about six months to the size of an ordinary walnut, and occasioned no serious inconvenience. It remained this size for about two years, when it began to slowly increase, and three months before I saw her began to grow very rapidly, so that by the time she came to me it extended from the median line of the neck to a point beyond the outer border of the sterno-cleido-mastoid muscle, and projected at least two inches, occasioning so much dyspnea as to prevent her lying down—very tender to the touch and producing considerable dysphagia. She had been advised to have an operation for its removal.

CASE IV. A young lady, school teacher. In this case the goitre was of recent date, having existed only about six months, and involved only the isthmus.

CASE V. A married lady, the mother of a large family. This goitre involved both

wings of the isthmus, and was of six years' duration, during which time it had grown slowly but steadily, at times becoming exceedingly painful; and during the last year her sleep had to be taken while sitting in an easy chair. There was considerable dysphagia.

Treatment: These cases were treated uniformly, except as regards the first. In that case the local treatment only was used; for, notwithstanding her age and manner of living, her general health was very good. This is not usually the case, for goitre is generally found in anemic subjects, especially if it be of long standing. The local application consists in applying twice a day with a camel-hair brush, over the whole extent of the swelling, a ten-per-cent solution of iodoform in collodion. In a few days after the coating begins to detach itself, the skin becomes very tender, when the application will have to be discontinued for a time. After this there is usually no more tenderness. In Case I the treatment effected a permanent cure in two months.

In the other cases I gave internally, three times a day, in addition to the local treatment mentioned, a pill containing three grains of iodoform and one grain of iron by hydrogen. This frequently, if continued for several weeks, produces slight nausea, which necessitates the discontinuance of the medicine for a day or two at a time.

The improvement as a rule, evidenced by a diminution in the size of the goitre, commences in about three weeks, and after that is steady. In Case II, the patient being very anemic, treatment was not discontinued for four months.

In Case III the improvement was very marked. The tenderness was entirely gone by the end of the first week, and the swelling considerably diminished by the end of the third. At the end of the third month the goitre had entirely disappeared, and treatment was discontinued.

In Case IV, the goitre being very small and recent, the improvement was very rapid, the patient being discharged as entirely well at the end of the sixth week.

Case V was under treatment for a longer time than any of the preceding ones, being under constant medical supervision for six months; but at the end of that time was entirely free from any appearance of goitre.

These are typical cases of those we most frequently meet with, occurring both in young adult life and in old age. In none of them has there been the slightest return

either of the goitre or of tenderness of the parts. The treatment while very simple is very effectual, and promises a very sure means of relief from an affection which seems to be rather on the increase, and certainly deserves a thorough trial in each case before resort is had to any operative procedure.—*Dr. C. E. Bean, in N. W. Lancet.*

DR. KLEIN AND THE RELATION OF BACTERIA TO ASIATIC CHOLERA.—Dr. Klein who has been in India studying the cholera epidemic and the relations of the comma-bacillus to this disease, reported the results of his investigations to the Royal Society February 5th. (*British Medical Journal*). The following are his conclusions:

1. Koch's statement as to the constant occurrence of comma-bacilli in the rice-water stools of cholera patients is correct; the comma-bacilli vary greatly in numbers in different stools and in different cases, in some being exceedingly scarce, in others numerous.

2. These comma-bacilli vary greatly in length, some being twice and three times as long as others, some well curved, as much as to form half a circle, others showing only just a slight bend. The name comma-bacillus is inappropriate: the organism is more correctly termed a vibrio.

3. The comma-bacilli occur in the mucus flakes of the rice-water stools, as well as in those taken from the ileum of a person dead of cholera. The sooner after death the examination is made, the fewer comma-bacilli are found in the mucus flakes; even in typical rapidly fatal cases, the mucus flakes taken from the ileum, and examined soon after death (from between fourteen minutes to an hour or an hour and a half), contain the comma-bacilli only very sparingly indeed, and not to the exclusion of other bacteria. Our investigations do not bear out Koch's statement as to the lower part of the ileum being, in acute typical cases of cholera, almost "a pure cultivation of comma-bacilli." In not one of the many post-mortem examinations of typical acute cases have we found such a state.

4. The mucous membrane of the ileum, in typical rapidly fatal cases, if examined soon after death, does not contain in any part any trace of a comma-bacillus or any other bacteria, not even in the superficial loosened epithelium. If the post-mortem examination be sufficiently delayed, comma-bacilli and other bacteria may be found penetrating into the spaces of the mucous

membrane. Koch's theory as to the comma-bacilli present in the mucous membrane secreting a chemical poison inducing the disease can not, therefore, be correct.

5. Neither the blood or any other tissue contains comma-bacilli or any other micro-organisms of known character.

6. The behavior of the comma-bacilli in artificial media is not such as to justify their being considered as specific. They grow well in alkaline and neutral media, are not killed by acids, and their mode of growth in gelatine-mixtures is not more peculiar than that of other putrefactive bacteria; they show marked differences when grown in different media, but not more so than the ordinary putrefactive bacteria when compared in their growth with one another. The comma-bacillus of the mouth shows the same peculiar character of growth in gelatine as Koch's comma-bacilli.

7. Koch overlooked the fact that "comma-bacilli" occur in other intestinal diseases, in the mouths of healthy persons, and, as shown recently, even in some common articles of food. (By Dr. Deneke in stale cheese.)

8. The experiments performed by Koch and others on animals do not in the least prove that the comma-bacilli are capable of producing cholera or any other disease. The results obtained by them are much more easily explained in an opposite manner.

9. There is direct evidence to show that water contaminated with choleraic evacuations, and containing, of course, the comma-bacilli, when used for domestic purposes, including drinking, by a large number of persons, did not, in the case of the tanks near the Jelepara Lane, produce cholera.

10. The mucus flakes taken from the small intestine of a typical rapidly fatal case of cholera contain numerous mucus corpuscles filled with peculiar, minute, straight bacilli; in this state they are found when the examination is made very soon after death; soon, however, the mucus corpuscles swell up and disintegrate, and then their bacilli become free. The small bacilli are never mixed in the mucus flakes. They are one third or one fourth the length of the comma-bacilli, and about half their thickness. They are non-mobile; they grow well in agar-agar jelly, but show in their modes of growth no peculiarity by which they could be considered as specific. When grown on the free surface of the nourishing material they form spores.

11. These small bacilli are not present in the blood, in the mucous membrane of the intestine, or in any other tissue.

12. Experiments made with these small bacilli on animals produced no result.

13. Since my return to London, I have ascertained that the comma-bacilli of cholera show two distinct modes of division, one the known one of transverse division, and a second one of division in length. When growing in agar-agar jelly at the ordinary temperature of the room, after some days the bacilli swell up, owing to the appearance in their protoplasm of one or more vacuoles; as these vacuoles increase, so the comma-bacilli become gradually changed, first into plano-convex, then into oblong bi-convex, and ultimately into circular corpuscles. The longer the original comma-bacillus, the larger the final circle. These circular organisms are mobile, just as are the comma-bacilli; and by disintegration of the protoplasm at two opposite points, two perfect more or less semicircular comma-bacilli are formed. Growing the comma-bacilli in agar-agar jelly kept at higher temperatures (30° to 34° C.), the comma-bacilli multiply by transverse division only; but, transferring these to agar-agar jelly, and keeping this at the ordinary temperature of the room, they again gradually changed into circular organisms, which by division in the diameter of the circle form two new comma-bacilli.

PERIOSTITIS FOLLOWING TYPHOID FEVER. Miss A., aged twenty-six, states that she had a very severe attack of typhoid fever about two years ago. There was profuse hemorrhage, and she was unconscious or delirious for six weeks. She has never been well since, suffering from debility, dyspepsia, constipation, and monthly, or more frequent attacks of migraine. She was always considered delicate and neurotic. Convalescence has been further retarded by inability to walk, on account of a painful swelling in the lower third of the left tibia; she believes it has been there more or less since the fever, but certainly it has been much worse since the part was irritated by a boot-lace a year ago. There is another small, tender, and slightly swollen spot under the left ankle, and the first phalanx of one finger on the same side is similarly affected. The pain is made worse by exercise, and sometimes by warmth, but does not, as a rule, prevent sleep at night; there is no definite pyrexia associated with it; its very

acute and darting character suggests a neuralgic element, but a form of periostitis seems the main cause, and this has been told her by several consultants of eminence in London. It is not only chronic and somewhat different in character from the rheumatic or specific form, but is less amenable to remedies. She had tried many before visiting Brighton, and though a first vesication relieved, subsequent ones did not, neither did iodoform, oleates of mercury, or morphia to any appreciable extent; iodides internally in various doses caused quickly gastric catarrh and consequent migraine, and treatment had to be several times interrupted. As she is now leaving this place, I advise for the present iodoform and cod-liver oil internally, and the oleates locally, and a visit to Schlangenbad in the summer; but I am struck by the obstinacy of the disorder.—*Dr. Mackey, in Brit. Med. Journal.*

THE MANAGEMENT OF PATIENTS DURING ETHERIZATION.—*Dr. H. L. Burrell*, in an article on the management of patients during etherization (*Boston Med. and Surg. Jour.*), lays down the following propositions:

1. Before etherization the surgeon should satisfy himself regarding the presence or absence of heart disease.

2. The safety of the patient and the comfort of the etherizer largely depend on the use of pure anhydrous sulphuric ether.

3. The best medium for the administration is one in which the ether can be given in a condensed form or largely mixed with air.

4. As a rule the patient should have a brief, clear description of the sensations he is about to experience.

5. A room free from bustle and confusion before and after an operative procedure is an essential for quiet etherization.

6. Ether should be administered on an empty stomach.

7. The knowledge of the effect of a glass of wine upon a patient is frequently an indication of the exciting or stupefying effect that ether may have.

8. No mechanical impediment should exist to respiration.

9. The pulse and respiration are the safeguards of etherization.

10. The less ether used in an operative procedure, the better the recovery of the patient from the immediate effects of the operation.

11. A little ether in children goes a long way.

Remaining we have a number of questions on which possibly there is difference of opinion. The following suggest themselves to my mind:

The comparative value of the different brands of ether?

Whether it is better to pull the tongue forward or to push the jaw forward?

Whether any patient exists that can not be etherized?

The comparative values of a sponge, towels, and inhalers?

The use of opiates and stimulants as adjuncts to etherization.—*Boston Medical and Surgical Journal.*

NON-PENETRATION OF THE LINING FALSE MEMBRANE: AN UNNOTICED DANGER IN TRACHEOTOMY.—In a recent operation for laryngo-tracheotomy, on a child about four years old for croup, when the general condition and the absence of lividity seemed to promise a favorable result, I was baffled at finding, after the insertion of the tube, that but one feeble inspiratory effort with the well known "whiz" of entering air was made, and that artificial inflation failed to distend the lungs.

Though an examination with the finger showed that the tube had entered the wind-pipe, artificial respiration was fruitless, and I had the pain of seeing my little patient die during the operation.

A necropsy revealed the difficulty; the opening into the larynx had been made rather on the right side of the median line, and Fuller's bivalve tracheotomy-tube had passed down between the trachea and the false membrane, thus pressing together the sides of the lining tube of false membrane, and preventing the passage of air.

A freer opening into the larynx or trachea would render it less likely that a false membrane could escape division; and I hope by placing this failure on record, that more stress may be laid on the importance of this point, as insisted on in the excellent text-books of Holmes or Bryant, where, though a free opening of the normal tissues is recommended, no mention is made of the risk of the cannula in its passage pushing before it the undivided false membrane, as happened in this instance.—*Ashby G. Osborn, in the British Medical Journal.*

A NEW METHOD OF DIAGNOSING PREGNANCY IN THE EARLY MONTHS.—The sign on which Professor Hegar comments (*Annales de Gynecologie*, September, 1884,) is a

peculiar softness, a certain subtileness, and a thinning of the lower segment of the uterus—*i.e.*, of the part of the uterus which is immediately above the insertion of the sacral uterine ligaments. This condition can be easily verified, not only when the uterus is resistant, as is usual, but still more so when it is elastic and soft. Even in these cases it is possible, by depressing the lower part of the uterus, to distinguish it from the superior portions, and from the rigid cervix. The softness of this part is such that one might imagine that the cervix was simply in contact with a pelvic or abdominal tumor. We do not know what pathological condition of the womb can present such symptoms. The cause of this remarkable sign exists in the fact that the inferior segment of the uterus becomes during pregnancy the finest part, the softest, and the most elastic. It thence results that, in practicing the rectal touch with abdominal palpation, it is possible to feel between the fingers this portion of the uterus, with the characters it presents.—*Med. and Surg. Reporter*.

PRECAUTIONS TO BE ADOPTED IN THE TREATMENT OF PHTHISIS.—At the International Congress of Hygiene, held at La Haye in September last (*Revue de thérapeutique Med. Chir.*), the following conclusions were adopted regarding the treatment of phthisical patients, after an interesting discussion upon a report presented by Prof. Sormani, of Pavia:

It is demonstrated that pulmonary phthisis can be, in certain cases, transmitted from the sick to individuals in health. Although the chances of this transmission are limited, prudence requires certain precautions.

1. No one should be allowed to share the sleeping-chamber or the bed of a tubercular patient in an advanced stage of the disease. The apartment of a phthisical individual should be constantly aired and ventilated.

2. The danger resides especially in the sputa, which should not be allowed to go on the floor or on clothing, where they may dry and become converted into dust.

3. The sleeping-rooms, the bed-linen, and clothing which have been used by consumptives should always be disinfected. Steam (at 100° C.) and washing in boiling water are the best means of disinfection.

4. Convalescents from chest-disorders

and feeble and exhausted patients should especially avoid prolonged contact with the tuberculous.—*Medical Times*.

USE OF BORIC ACID FOR PRESERVING FOOD.—From a series of experiments made with a view to determine the action of boric acid on the animal system, the author draws the following conclusions. The admission of boric acid as addition to food, even in very small doses, is injurious to the digestive organs. This injurious action depends on the circumstance that boric acid acts so as to materially increase the proportion of solid matters and nitrogen in the feces separated. It is also a remarkable coincidence, that the action of boric acid on the intestinal discharge is well marked, even by the exhibition of so little as 0.5 gram *per diem*. Moreover, this action is in direct relation to the quantity of acid taken and is maintained for some time. The action described is perceptible, not only with vegetable or animal foods, which contain a large proportion of indigestible ingredients, but also when highly digestible food, such as milk and eggs, is taken. Food to which boric acid has been added tends to cause an increase in the secretion of gall during assimilation. Its most important action, however, is the increase which it causes in the discharge of albuminous substances from the intestinal canal. It is evident that its use as a food preservative is not as beneficial as hitherto assumed.—*Am. Druggist*.

PLASTER-OF-PARIS TREATMENT OF FRACTURES.—Mr. Christopher Heath, in British Medical Journal, endeavors to induce surgeons to have more faith in the early treatment of fractures by plaster of Paris than appears as yet at all general, and thus to save their patients and themselves an infinity of trouble. In his paper he quotes from the "Aphorisms" of the late Dr. Cowling, of Louisville, the following, which he regards as full of common sense:

"Carved and manufactured splints generally fit nobody, and are to be rejected as not only expensive but damaging." "The application of the roller-bandage immediately to the skin, whether as a protective or to prevent muscular spasm, has resulted in such disaster that it is one of the curiosities of surgery how it could be repeated at this day. When cotton is placed over such a bandage, it forms an absurdity scarcely credible in a man of ordinary sense." "Continued extension and counter-extension

are, as a rule, not necessary to prevent shortening in fractures. This is best done by removing the causes which lead to muscular spasm. (1) By as early and complete reposition of the fragments as possible. (2) By the smooth application of cotton-batting to the limb. (3) By the equal pressure of a bandage extending from the distal end of the limb to a point beyond the joint above the fracture. (4) By the accurate fitting of the splints or plastic material for support. (5) By as little interference afterward as possible."—*Medical Record*.

INTERSTITIAL KERATITIS AND CHRONIC IRITIS OF LATE HEREDITARY SYPHILIS.—Before the remarkable lectures of Prof. Fournier upon hereditary syphilis, of which I have given you a resume, French physicians did not assign to syphilitic heredity the important influence in the multiple accidents of childhood and adolescence which had been until lately attributed to scrofula. Now, however, we are more familiar with these questions, and the numerous publications upon this subject show that they are the order of the day. Dr. Abadie has declared before the French Ophthalmological Society that he has adopted almost entirely the views of Hutchinson upon the syphilitic nature of parenchymatous keratitis. He includes in hereditary syphilis certain forms of iritis presenting *d' emblée* the chronic form, and accompanied with lesions of the fundus of the eye due to the same specific cause. This affection is met with, he says, among patients of from twelve to twenty years of age, and is curable by anti-syphilitic treatment. In these cases it may happen that mercurial preparations and iodide of potassium fail; we should not be discouraged, but vary our treatment. Sometimes the syrup of Gibert is inefficacious, when mercurial frictions, subcutaneous injections of the bichloride, the combination of large doses of iodide with feeble doses of the sublimate will succeed. Sometimes even the abrupt suspension of treatment is followed by a marked amelioration of the symptoms, which only commences when all medication is discontinued, especially if this medication has been rigorously conducted for some time. This communication of Dr. Abadie did not fail to excite the protestation of Prof. Panas, who has always been opposed to the ideas of Hutchinson.

Dr. Parinaud, in response to the eminent professor, declares that an examination of twenty-three cases of parenchymatous kera-

titis observed by him shows that this affection is especially apt to occur in children who were conceived when the syphilis of the parents was already old, and that it was consequently an expression of an attenuated syphilis of the parents. It is probably not a lesion directly syphilitic, but a lesion of degeneration due to the organic *déchéance* created by hereditary syphilis—that is, an indirect product of syphilis.—*Correspondent, Jour. Cutaneous and Venereal Diseases*.

"CALENDULATED BORACIC ACID."—Dr. Prout, of Brooklyn, prescribes a "calendulated boracic acid," which is prepared as follows:

Tincture of calendula, one dram; boric acid, in fine powder, three drams. Mix the tincture with one dram of the boric acid, and expose on a warm plate for evaporation. When dry add the remaining two drams of boric acid, and rub to a very fine powder. We understand that the powder is used as a remedy in aural and nasal catarrh.—*Weekly Drug News*.

TO TEST THE PURITY OF WATER it is said there has been found no better or simpler way than to fill a clean pint bottle three fourths full of the water to be tested, and dissolve in the water half a teaspoonful of the purest sugar—loaf or granulated will answer—cork the bottle and place it in a warm place for two days. If in twenty-four to forty-eight hours the water becomes cloudy or milky, it is unfit for domestic use.

THE COMMENCEMENT exercises of the University of Louisville (Medical Department) will be held on Tuesday, March 3d.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department of the United States Army, from February 15, 1885, to February 20, 1885:

Patzki, Julius H., Captain and Assistant Surgeon, leave of absence further extended seven months on surgeon's certificate of disability. (S. O. 40, A. G. O., February 17, 1885.) *Perley, H. O.*, Captain and Surgeon, granted leave of absence for one month, to take effect about March 5, 1885. (S. O. 16, Dept. Dak., February 10, 1885.) *Robinson, S. Q.*, Captain and Assistant Surgeon, relieved from duty at Fort Spokane, W. T., and ordered for duty as Post Surgeon, Fort Klamath, Oregon. (S. O. 23, Dept. Col., February 9, 1885.) *Kean, J. R.*, First Lieutenant and Assistant Surgeon (recently appointed), assigned to duty at Fort Sill, Indian, Terr. (S. O. 23, Dept. Mo., February 11, 1885.)

THE
LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, MARCH 7, 1885.

Original.

PERITYPHLITIS.*

BY GEORGE T. M'COY, M. D.

The subject that I have chosen is not a new one, its diagnosis and pathology having been studied and written upon many years ago. Surgical interference in perityphlitis is not of such ancient date, however. Hancock has been accredited with performing the operation as early as 1848. (Flint's Clinical Medicine.) But the honor of perfecting the operation for perityphlitic abscess has generally been awarded to the late Dr. Willard Parker. Since the report of Dr. Parker's first operation in 1866, the surgical treatment of perityphlitis has grown in favor. Operative measures not being a necessity in every form of pelvic inflammation, yet an early resort to the knife might in many cases change the prognosis. We should make a careful study of all recorded cases, and thereby learn more of the etiology, pathology, and diagnosis of perityphlitis. Prof. Bartholow (American Journal Medical Sciences) makes the following classification :

1. Abscess due to ulceration and perforation of the cecum, the perforation being due (1) to the irritation of a foreign body, (2) to a perforating ulcer which may be seated posteriorly and uncovered by the peritoneum, or anteriorly and covered by the peritoneum.

2. Abscess due to ulceration and perforation of the appendix, which may be caused by simple inflammation and abscess, and by the action of a foreign body.

3. Abscess due to inflammation and supuration of the subcecal connective tissue.

While this classification would seem to

cover all cases of this form of disease of cecum and appendix, many subdivisions will unavoidably present themselves, and we shall find in making a diagnosis many difficulties to contend with. In this category we find ulcerations due to typhoid fever, tubercular deposits in the appendix, foreign bodies and masses of hardened feces collected in the head of the colon and acting as foreign bodies—inflammations due to cold and traumatic influences. We occasionally have accumulations here that have no relation to the intestinal canal whatever, such as psoas abscess, abscess of right ovary, and migrations of pus from distant points. Many cases are treated to a close without a diagnosis being made, further than simply iliac abscess.

Acute inflammation of the cecum is not of frequent occurrence. The symptoms are pain and tenderness in a circumscribed area corresponding to the situation of the cecum, attended with vomiting, diarrhea, and febrile movement.

The pain is increased by the inflammation extending to that portion of the peritoneum covering the cecum ; as a result of paralysis of the muscular tunic, the cecum is sometimes greatly distended by gaseous accumulation. Movement of the right leg gives great pain, and generally the thigh is flexed. Many of these cases terminate in recovery ; occasionally the inflammation leads to ulceration and perforation of the intestinal coats, and we have either a peritonitis or a fecal abscess, as the perforation is either in the portion of the cecum covered or uncovered by the peritoneum. The more usual perforation being posterior through the uncovered portion, abscess may be pericecal from the beginning and terminate by perforation into the intestine and discharge per rectum. Having in my practice some cases which illustrate some of the forms of inflammation of the cecum I will

*Read before the Mitchell District Medical Society, of Indiana, December 30, 1884.

present them to you for your consideration. In presenting them I shall offer you nothing new, perhaps; but the infrequency of their occurrence and some peculiarities in my cases shall be my apology. The brevity of my paper may be one of its best commendations.

CASE I. Boy, aged thirteen, small but generally healthy, engaged in a contest of jumping the rope at school. Began to feel pain in right iliac region within twenty minutes after the contest ended. At the end of two hours was sent home from school, and experienced great trouble in walking on account of the pain in moving the right leg. I was called early next morning, November 2d, and found him in bed with right knee drawn up, some swelling in right fossa and very tender to the touch. After hearing the above history I applied fomentations to iliac region, gave a cathartic and instructions to his attendant to keep the patient in bed a few days, and went away thinking I would hear no more from him.

November 3d. Bowels had moved twice, and gave him considerable pain on account of change of position; urination was also painful; can not bear any weight on right leg; swelling in iliac fossa increased and very tender; an attempt to make an examination caused him to vomit; no pain in left side, and patient could move left leg without trouble. Temperature 102° , pulse 120. Kept up local applications, ordered complete rest; gave morphia, and ordered fluid diet.

November 4th. Passed a restless night; had great trouble in evacuating the bladder; vomited while attempting to pass urine; complains of being chilly; redness of the skin, and slight increase of swelling in iliac fossa; position the same, on the left side with right knee drawn up. Temperature 103° , pulse 130. Has no appetite, but takes milk.

No change occurred up to November 8th. Bowels did not move after action of cathartic; vomits twice or three times in twenty-four hours; has chills occasionally. Temperature 103.5° , pulse 130. Countenance shows evidence of suffering; swelling, which is greatest immediately above a line from one antero-superior spine of ilium to the opposite one, has increased but little, and is not quite so firm.

November 9th. Was able to detect fluctuation in the tumor, and decided to evacuate it next day. A consultation was asked for and it was the opinion of counsel that no interference was justifiable.

November 16th. Patient in great pain from early morning until noon, when he had an evacuation from the bowels with temporary relief; at 3 P.M. had a very free evacuation containing a large amount of very offensive pus. Examination per rectum revealed a soft mass nearly in front and to the right of the rectum. Patient had changed his position to the right side. Temperature 100° , pulse 120. Pus continued to be discharged by the rectum for a number of days; tumor disappeared. Temperature became normal. Made a good recovery. Opening on antero-rectal wall closed in thirty days after perforation.

The conditions of this case may all be present from cold or strain or any traumatic influence, and we may have abscess perforating the cecum as well as the rectum.

CASE II. W. F., aged forty-five, was treated for diarrhea alternating with constipation for two weeks; suffered a great deal from pain near the umbilicus, and when constipation predominated, the abdomen was markedly tympanitic, tympanites being greatest in right iliac region.

December 25th. Diarrhea troublesome and attended with tormina; vomited once freely. Temperature 100° , pulse 90.

December 29th. Bowels constipated; pain and swelling in right iliac fossa; retraction of the thigh and right testicle; has vomited several times; extreme thirst. Pulse 100 and wiry, temperature 102° . Tenderness over lower abdominal region, urination being painful.

January 1st. Condition much the same; tenderness more circumscribed, and confined to right iliac fossa; swelling increased; fullness of superficial veins in right leg, and the dorsum of the right foot is edematous, showing obstruction to the circulation; takes whisky, milk, and quinia. Warm applications and fomentations to right iliac region.

January 4th. Tumor enlarged, with evidences of fluctuation. Delayed operation at the request of patient and family.

January 6th. Bowels moved once—a few scybalæ and an ounce or two of fluid containing mucus. Ate a soft boiled egg, and rested pretty well through the day.

January 8th. Diminished swelling in iliac region, and a general subsidence of symptoms. I began to think that I had been mistaken, and the friends of the patient were not slow in imparting to me their convictions also.

January 10th. I was sent for, and found patient suffering pain located at the saphe-

nous opening in fascia lata, and upon examination I found a small tumor in that region. To say that I was thunderstruck feebly expresses it, my first conviction being that my patient had been suffering for two weeks from an undiscovered femoral hernia. Carefully examining the tumor I became satisfied that a hernia did not exist, but that I had to deal with an abscess. Fluctuation being prominent, I asked to be allowed to puncture the tumor, but failed to get permission. Consultation was asked for and consented to.

January 11th. Tumor enlarged to the size of an orange, and with the consent of counsel I punctured it, and evacuated two pints of horribly stinking pus of fecal odor.

January 12th. Temperature 99°, pulse 90; no vomiting; milk and whisky taken with a relish. Gave an enema of soap-suds which was followed by a small evacuation in two hours.

Discharge continued from the opening until January 18th, when patient again complained of pain in the right iliac fossa. The pain continued in right side, and an enlargement was soon perceptible, which was attended by former train of symptoms. As soon as I detected fluctuation I made an opening in the tumor, and evacuated two thirds of a pint of yellow, watery pus. I tried to find the communication between the openings above and below Poupart's ligament, but was unable to do so. While pus was discharging from the saphenous opening, no tumor could be felt above Poupart's ligament. The superior opening continued to discharge for about two months, was closed June 1st, and patient discharged with a limp in walking as the only souvenir of his trouble. Was attacked with acute pneumonia the following winter, and died. No autopsy.

CASE III. J. S., aged thirty-five, was thrown into the water February 4th and received a thorough wetting, rode two miles with his wet clothes on, and was attacked with enteritis the succeeding night. I will not tire your patience with the history of this case. It was attended with the usual evidences of enteritis with circumscribed peritonitis.

February 18th. An enlargement was discovered in the right iliac region, painful and reddened; pressure produced nausea, and once vomiting. From my experience with the two preceding cases, I determined to watch my case carefully and operate at the earliest opportunity. Case made very slow

progress; remained much the same from day to day.

February 26th. Tumor seems to be stationary as far as growth is noticeable; apparently softer. I decided not to wait longer, and, gaining the consent of the patient, I proceeded to operate according to the method of Dr. Parker, which is to make an incision two inches long parallel to Poupart's ligament over the center of the tumor. Cautiously dividing the abdominal wall down to fascia transversalis (in my case I used a director), and then, before going further, using the hypodermic syringe for exploration and to positively determine the locality of the abscess, I made a deep incision half an inch in length down to the cavity. I found no trouble in this case, and was surprised at the ease of its performance. I evacuated one pint and a half of yellow pus of markedly fecal odor; the odor became so offensive that attendants had to leave the room.

February 27th. Washed out the cavity with a solution of boracic acid, introduced a tent of slippery elm, and covered the wound with absorbent cotton, ordering the cotton renewed every six hours. Temperature 99°, pulse 100. Kept up drainage for one week; opening continued to discharge small quantity of pus for three weeks, and left a fistulous opening, which did not finally close until one year after the operation. Patient was able to walk with the assistance of a cane two weeks after the operation was performed; recovery rapid and continuous.

Was last seen July 22, 1884; he was then in good health; was able to follow the plow all day; did not limp in ordinary walking, but experienced a difficulty in climbing a ladder, or climbing over fences; he was unable to place the right foot on the rung of the ladder above the left foot without twisting his body out of the perpendicular.

The burrowing of pus from a typhlitic abscess beneath Poupart's ligament and presenting at the saphenous opening, as in Case II, must be rare, if I may judge from literature which I have been able to find upon the subject. If the pus had made its way beneath the ligament without presenting any marked symptoms of disease of the cecum, and the discharge had been confined to the saphenous opening, I might have doubted my first opinion's being the correct one. The distinctly fecal odor of the pus discharged, and the subsequent history point out the origin of the femoral abscess. Spinal abscess opening upon the thigh is

not so infrequent; there was no evidence, however, of any disease of spinal origin in this case.

I did not use the exploring needle in Case II in opening the abscess above the ligament; being confident of my diagnosis, I made an opening with a straight bistoury directly down to the abscess. Drainage and washings of carbolyzed water were used in Case II, being kept up until the seventh day after operating.

My paper would be too long if I went into detail concerning the symptoms connected with these cases, neither will I tire you with the daily history of washings, temperatures, dressings, and medicines used in these cases. I believe in an early resort to operative measures, at least as soon as any appreciable amount of fluid is accumulated. Case I had a very favorable termination, possibly the best that could have happened. Still, a rectal examination would have revealed the condition, and operative measures have saved the patient many days of suffering. Early evacuation stimulates absorption by relieving the pressure upon the orifices of the lymphatics. A diagnosis is not so essential in many cases; a diagnosis of a purulent accumulation in the right iliac fossa should indicate an operation for its removal, whether the cecum has any connection with it or not. As the larger portions of these fluid accumulations are extraperitoneal, their removal is not attended with much difficulty, and the danger is small, if proper attention is rendered after the operation. The pressure upon the femoral vein and fullness of the internal saphenous I do not remember to have seen recorded. This was a feature in Cases II and III. Case II had a varicose ulcer developed on the dorsum of the right foot during the continuance of obstruction to venous circulation.

COLUMBUS, IND.

ETHER AS AN EXPECTORANT.—A writer in the Therapeutic Gazette speaks highly of sulphuric ether inhalations as an expectorant in subacute or chronic bronchitis. He also recommends it to be taken in the following manner: Drop five to ten drops on a lump of sugar, and take every three or four hours.

THE Sanitary Council of the Mississippi Valley meets in New Orleans on the 10th of March.

Miscellany.

UNIVERSITY OF LOUISVILLE.—The Commencement exercises of the Medical Department of the University of Louisville were held in Macauley's Theater on the afternoon of Tuesday, March 3d.

The occasion was one of peculiar solemnity, in view of the fact that it was made to commemorate in fitting eulogy the death of two eminent and beloved members of the Faculty. The audience was large, and the floral offerings numerous and exceptionally beautiful.

The exercises were opened with prayer by Rev. L. P. Tschiffely, after which the list of graduates was read by Prof. J. M. Bodine, the Dean, as follows:

Aviles, F., Nicaragua.	Johnson, B. Frank, Ky.
Anderson, Wm. B., Ind.	Johnson, James J., Ind.
Bell, John P., Ky.	Jones, Henry F., Ill.
Bingham, James S., Ky.	Johnston, Wm. B., Mo.
Blackstone, J. K. jr, Ind.	Keys, Thos. L., Ky.
Bragg, John R., Ky.	Kavanaugh, C. W., Ky.
Black, B. T., Ky.	King, Harry L., Ky.
Baber, Geo. P., W. Va.	Lackey, Chas. L., Ky.
Butner, Chas. A., Ga.	Lilly, Pleasant A., Ky.
Baird, Wm. L., Texas.	Lasley, Wm. W., Ky.
Brown, J. L., Ky.,	Lewis, A. Stuart, Ky.
Brobeck, Alex. L., Tenn.	Murphy, Wm. H., Ind.
Bailey, John E., Tex.	Nunn, Joshua H., Tenn.
Cox, George N., Ky.	Overall, Wm. E., Texas.
Cox, Samuel A., Ky.	Parker, George W., Ky.
Craddock, F. J., Tenn.	Purdy, John, Ind.
Colson, Geo. P., Ky.	Pistole, Samuel W., Ky.
Casey, Levi B., Ill.	Reddish, Geo. M., Ky.
Corley, B. K., Texas.	Richardson, J. S., Ga.
Deanes, Sam. R., Miss.	Raby, James M., N. C.
Durum, James C., Tex.	Rice, Daniel M., Fla.
Enright, John B., Ky.	Ross, Wm. P., Ky.
Evans, Whalon D., Tex.	Scott, Lewis M., Ky.
Francis, E. E., M.D., Ky.	Schumpert, Thos. E., La.
Glahn, Jacob, Ky.	Stevens, Edwin A., Ky.
Glass, Archibald M., Ky.	Schramm, Chas. J., Tex.
Graham, Joseph B., Ky.	Shipp, Thos., Miss.
Hassell, Harris, Tenn.	Spearman, Wm. C., Tex.
Howe, Wm. D., Ky.	Shields, Wm. L., Pa.
Helm, Thomas D., Ky.	Stamps, John A., Ark.
Harris, Gholson C., Miss.	Sublett, John W., Tex.
Harrison, Isham, Miss.	Swope, Wm. A., Ill.
Hodges, Wm. A., Tex.	Smith, Romanus, Mo.
Hollins, Geo. M., Ky.	Tucker, J. P., M.D. Tex.
Holt, Alfred, Miss.	Woodson, L. M., Tenn.
Harrison, C. M., Texas.	Wheelis, W. K., Ala.
Hoyt, F. C., M.D., Mo.	Wedding, M. F., Ind.

The President of the Board of Trustees, the Hon. Isaac Caldwell, being absent in consequence of illness, the Hon. James S. Pirtle, of the Board, conferred the degrees and presented the diplomas to the members of the class. In doing so Judge Pirtle made a brief congratulatory address, which was replete with sound sense and good advice.

The Roll of Honor. It is the custom of the Faculty, by a rigorous competitive written examination, to select the ten best graduates for special distinction. In this "Roll of Honor" the following gentlemen won places in the order in which their names are given:

John P. Bell, Ky.	Archibald M. Glass, Ky.
Edwin A. Stevens, Ky.	Pleasant A. Lilly, Ky.
William D. Howe, Ky.	Thos. E. Schumpert, La.
Lewis M. Scott, Ky.	John A. Stamps, Ark.
L. M. Woodson, Tenn.	John W. Sublett, Tex.

The Faculty's prize, the Vandell gold medal, for the highest class standing, was awarded to John P. Bell, M. D., of Kentucky; the second prize, a gold medal, for the second place, to Edwin A. Stevens, M. D., of Kentucky; and the third, a gold medal, to William D. Howe, M. D., of Kentucky.

It is worthy of note that Messrs. Bell and Stevens took the same relative rank in the under-graduate contest of last year. It is hoped that like success will continue to attend them in an honorable rivalry for professional eminence. They have given pledges of zeal for science and high achievement which in a brilliant future their *alma mater* expects them to redeem. They have already made a reputation, to sustain which will call for strenuous efforts through many years to come.

To Richard B. Adkins was awarded the first prize, a pocket-case of instruments, offered by Arthur Peter & Co., druggists, of this city; to John P. Barber was awarded the second prize, a copy of Gross's Surgery, offered by John P. Morton & Co., publishers; and to Thomas E. Gosnell the third prize, a pocket-case of instruments, offered by Adolph Fischer, of this city.

The class valedictory was delivered by Dr. John B. Enright, of Kentucky. In his remarks to the Faculty the speaker in fit manner discoursed upon the death of two of its number during the past year, Drs. L. P. Vandell and T. S. Bell.

Prof. John A. Octerlony pronounced a eulogy upon the life and character of the late PROF. L. P. YANDELL. He said:

Lunsford Pitts Vandell was born on the 6th day of June, 1837, on his father's plantation, "Craggy Bluff," in Rutherford County, Tennessee.

He came of a family for generations distinguished in the annals of American medicine. His father was the late Prof. L. P. Vandell, celebrated for great learning and eloquence, and not only a skillful physician, but also a renowned chemist and geologist. His mother was Susan Juliet, daughter of David Wendell, Esq., of Murfreesboro, Tenn. In her were combined all na-

ture's choicest gifts. With uncommon beauty of form and features were united rare intellectual endowments; graceful and gracious, of refined manners and sprightly conversation, yet profoundly reverent and devout, she won the love of all who knew her.

To her son she must have been the ideal of womanly perfection. He loved her with more than ordinary filial affection, and during her last illness his unwearied tenderness and ceaseless, gentle cares sweetened her failing life, and commanded the reverent admiration of all who witnessed these touching scenes.

The son of such parents could not fail to be a gifted being. This was proved at every step of his career. The family having moved to Louisville, young Lunsford became the pupil of the late Prof. Noble Butler, who was one of the most noted educators of his time. From him he received the training suited to his years, but we may readily conceive that his illustrious and learned father had the chief share in molding his tastes and developing his intellectual powers. Their companionship was close and constant, and their relations through life remained most beautiful. What lessons of mind and heart were imparted in those happy hours of unrestrained intercourse between them! How the father must have poured forth in rich abundance the vast treasures of his learning! How the son must have received with rapt attention, and pondered in his heart the wise parental teachings!

The love of natural history for which Lunsford became conspicuous in after life was early discerned by his father and sedulously fostered by him. While yet a boy he displayed unusual fondness and aptitude for the study of medicine. His father was one of the founders of the University of Louisville, in which at this time and for many years he held a leading professorship. Profs. Austin Flint and S. D. Gross were also members of the Faculty. It was in this great school that young Lunsford became a student. Under the tuition of such men his medical education necessarily became both comprehensive and thorough. He pursued his clinical studies under the guidance of his elder brother, Prof. D. W. Vandell, in the wards of the Louisville City Hospital and in Stokes's Dispensary, then under the direction of this eminent surgeon. With such ardor and success were these studies prosecuted that the "Doctorate in Medicine" was conferred upon him in 1857, when he was hardly twenty years of age.

Shortly after his graduation the young physician removed to Memphis, Tenn.; where he soon established a lucrative practice, and rose so rapidly in professional esteem that he was elected, in 1859, to the Professorship of Materia Medica and Therapeutics in the Memphis Medical College. This place he filled with great honor to himself and increasing advantage to the school.

But soon the civil war broke out and interrupted his scientific labors. One so keenly alive to all that was going on around him, the "*quicquid agunt homines*," could not help taking a deep interest in the great questions which then agitated the country and roused the passions of the people. With all the enthusiasm of youth and of an ardent temperament he plunged into the war, and enlisted as a private soldier in the Confederate army, and, with all the loyalty of a noble nature, he ad-

hered to the Southern cause. He fought in the first battle of the Southwest, at "Belmont." Gen. Polk, who commanded the Confederate forces, having been informed that Dr. Vandell was serving as a private in the ranks, called him to his headquarters. When the young soldier came he said: "Vandell, we need men to carry muskets, but we need surgeons too; and one of your name naturally belongs to the medical department of the service. Please, therefore, report to the Medical Director of the army, who will assign you to duty in his department." He passed the required examination and was commissioned a surgeon. Later on he was under the terrific fire at Island No. 10, and was one of the few who were fortunate enough to escape from the island and reach the Confederate lines. He took part in the sanguinary battle of Shiloh, and was complimented in general orders for gallantry on the field. It was here he came under the immediate notice of Gen. Hardee, at whose request he was assigned to duty as staff-surgeon and medical inspector of the corps. These posts he filled with signal distinction until the final surrender in 1865. He participated in nearly all the hard-fought battles of the Southwest, and after each received honorable mention in general orders, not only for his admirable care of the sick and wounded, but for gallantry on the field of battle.

His amiable and cheerful disposition, his ability and faithfulness in the discharge of duty, his kindness and sympathy for the sick and wounded, won for him both respect and affection. He was the life and soul of the mess around the blazing camp-fire. On the eve of battle, on the dreary march, or amid the horrors of defeat, his genial presence infused new cheer, and mitigated the hardships of war. Of all the Confederate soldiers who served with him none was known ever to speak of him but with kindness and respect.

At the close of the war he returned to Louisville and engaged in the practice of his profession. Old friends and acquaintances gladly welcomed him, and he quickly made new friends. My first recollection of Lunsford Vandell dates from this time, and is most vivid and pleasing. The occasion was a fancy dress ball at the residence of Mr. Chas. Cobb, of this city. Lunsford personated a knight of the sixteenth century. His costume of black and gold was most becoming, and admirably served to set off his splendid figure. He appeared to me to be the handsomest man I had ever seen—perfectly unconscious of his great attractions, and happy in the possession of youth and health and the good will of all around him.

His practice rapidly increased, and before long his *clientele* consisted not only of the best people in the city, but of important cases sent him from remote parts. Professional journeys to distant places became frequent. But few hours were left for recreation and rest, yet he had always time to give to the poor. How ceaseless were his ministrations to them was not known save by a few, but from his confidential letters we glean words and incidents which reveal, in part, his generous expenditure of time and labor, where no remuneration could be expected and none was asked.

In the latter part of 1866 he married Miss Louisa Elliston, of Nashville, Tenn. It was a most happy union. When he brought into his home his lovely bride, he also brought in her his good genius—

"A guardian angel, o'er his life presiding,
Doubling his pleasures and his cares dividing."

Four charming children were born to them, the youngest of which is a son, who bears his father's name and beautifully resembles him in features. Shortly after his marriage he sailed for Europe, accompanied by his wife. They remained abroad for a year. During this time he visited the great centers of medical learning in the Old World, and made the personal acquaintance of all the leading men in the profession. Wherever he went he made a most favorable impression and received unusual attention and courtesy.

His studies were pursued in earnestness, but in his own original way. No blind worshiper of authorities, he observed men and their teachings with rare discrimination. While gathering information from innumerable sources, he never lost his intellectual independence or merged his own individuality into that of the great masters, whom he carefully studied yet as freely criticised.

On returning to Louisville in 1867 he was elected Professor of Materia Medica and Therapeutics and Clinical Medicine in the University of Louisville. This was the beginning of his real life-work, and the best part of his scientific work was inspired and effected by his connection with this great institution. Lunsford Vandell took great pleasure in teaching, not only because he loved the work for its own sake, and was admirably fitted for it by nature and training, but also because of his great desire to be useful in the highest and widest sense. The University was to him an object of intense and passionate devotion. His illustrious father was one of the founders of her medical department. His beloved brother had graduated there, and, by his great powers as a teacher, and wide-spread fame as a bold and skillful surgeon, he had still more closely connected the name of Vandell with her greatness and her glory.

Lunsford himself had studied within her walls. She was his "*alma mater*," and now he became one of the faculty of this University. With characteristic energy he strove; ceaseless were his labors; the ardor of his devotion never cooled. Where the interests of the University were in question, he knew neither friend nor foe, and thought but of her good.

To the great work of educating young men for the medical profession he brought many splendid qualifications rarely combined in one person. In the lecture-room his noble countenance was ever "a pleasing sight and a delectable presence." His commanding figure and dignified deportment inspired interest and respect even before he began to speak, and his rich and melodious voice enthralled attention. His language was simple and his style was forcible and clear. He had great powers of generalization, and positive and profound convictions; yet he was thoroughly progressive, and with the great John Hunter he could say, "These are my opinions to-day, I know not what they will be to-morrow."

Year after year the following passage was copied in his day-book, that his eyes might often fall upon it:

"I am not at all embarrassed because the opinions I held at one time are opposed to those which I hold at another. I am not incapable of being mistaken."

In the class-room he always preferred demonstration to mere description, and original observation and deduction rather than repetitions of other men's opinions. His lectures were

—"With wisdom fraught;
Not such as books, but such as practice taught."

The influence he exerted upon the students was always for good. Nothing unclean ever soiled his lips, whether in conversation with them in clinic or in didactic lecture. In all his teaching there was an undertone of deep religious feeling and great reverence for woman, which imparted a dignity and impressiveness entirely distinct from the eloquence of his style, the music of his voice or the nobleness of his presence.

A taste and talent for literary labors was to be expected in the sons of the elder Yandell, who wielded so pointed and so vigorous a pen. For half a century he exerted an influence in medical literature so wide and deep that its effects have even yet not passed away. Young Lunsford at an early period of his career became a contributor to various medical journals. His correspondence from Europe on medical men and matters was read with avidity, and elicited unusual comment and admiration. They deserve a place by the side of those masterly medical letters of Prof. David W. Yandell which won such great applause at the time of their appearance.

In 1877 Lunsford Yandell became the co-editor of the LOUISVILLE MEDICAL NEWS, with the lamented Cowling, and continued this arduous work until compelled by ill health to retire. But with regained health came also a return of energy and a desire for more extended usefulness. Again he took editorial charge of the MEDICAL NEWS, and continued to be its chief editor during the remainder of his life.

Few persons realize what a Sisyphean rock a weekly medical journal is to its editor. No sooner has he completed one number ere the next must be prepared—there is no rest. Yet, worn with professional duties and the ceaseless exactions of an onerous practice, Lunsford Yandell ever returned to his editorial work with fresh zeal and unabated vigor. The LOUISVILLE MEDICAL NEWS is a monument to his tireless energy and literary powers.

The publications which gave him widest reputation, and in which his peculiar merits as a writer most conspicuously appear, are his clinical lectures on dermatology. A simple style, clearness and conciseness of description, great grasp, and a keen appreciation of essentials, made these lectures deservedly popular, and impressed the profession with the learning and practical skill of their author.

But it was especially as an epistolary writer that he excelled. Here he displayed genius. It has been said that letter-writing is a "gift," and also that it is now one of the lost arts. Lunsford Yandell's pen gave brilliant evidence that it remained a living art in the year of grace, 1884, no less than in the seventeenth and eighteenth centuries, when Madame de Sevigne and Lord Chesterfield wrote and charmed their readers with their celebrated letters. Lunsford Yandell's correspondence was copious and varied, but every where one is enchanted by an unstudied grace and an unrestrained naturalness in thought and expression;

an artless eloquence and simple pathos command the reader's admiration while they invoke reflection. His letters evince a wonderful power of adaptation. To a friend he writes in the mild light of calm philosophy; his children are addressed in a style so inimitable that Hans Christian Andersen could not have excelled it. Others again so sweet, so pure, so sacred, they may not even be named. In all he writes as a sincere lover of God and of his fellow men. Their beauty and their pathos make the elegant and petty gossip of De Sevigne and the polish and diplomacy of Chesterfield seem very trivial and cold and artificial.

The elder Yandell, himself one of the most distinguished naturalists of his day in this country, inculcated a love of natural history in all his children. Lunsford became very proficient in geology. He enriched and completed the magnificent cabinet his father had collected, and displayed wonderful skill in restoring imperfect fossil formations, so that in many a specimen it was not easy to decide which was the work of art and which of nature. He remained all his life an ardent lover of nature in all her moods and aspects; in her small and hidden ways as well as in her grander and more striking revelations. His letters, lectures, and conversation teemed with apt and beautiful illustrations, drawn from his rich stores of natural science. Indeed, I can not help the thought that but for his warm and deep sympathy, for his kind and never-flagging desire to relieve suffering wherever found, he would have become a naturalist instead of a physician. It adds new beauty to his life to know that throughout his course he sacrificed his own preference in order to serve the better his fellow men.

As a physician he was learned and skillful, conscientious, faithful, painstaking and sympathetic. With great respect for himself and for his office, he inspired his patients with the same feelings. He had confidence in himself and in his powers, and great faith in the power of the healing art. To him medicine was not so much a profession (and still less a trade) as it was a priesthood, and the practice of it a sacred function—the physician a priest—the altar humanity—the sacrifice himself. He was most reluctant to decline any call to visit the sick, no matter how inconvenient to himself, especially if the patient happened to be poor. In the summer of 1883, while far from strong himself, he wrote: "And now I must finish this letter, for I have to go a long way to see a sick child; no pay, but I may do it much good, and thereby give its parents much happiness." Such acts as this made luminous his days and blessed his sleep with dreams of paradise.

One of the articles of his medical creed was that a physician should always first ascertain the mode of action and effects of medicines by experiment upon himself before prescribing them to his patients. He practiced what he preached, and it is safe to say that he had tested upon his own person the powers of all the important drugs he made use of in his practice. Medicine was to him emphatically "the healing art." The great aim before him was to cure, to relieve. Other branches of medical science had less charms for him, who e'er

"Intent on somewhat that may ease
Unhealthy mortals, and with curious search
Examines all the properties of herbs."

In science we have a part of an eternal writing unrolled, the rest is unrevealed. We can not read the context. We see a part of the great chart or map of truth, in which we can follow only certain tracks or paths. A section of a diagram is before us, the complement of which we do not know. But his broad generalizations enabled Lunsford Vandell to occupy higher ground and to take larger views and penetrate more deeply than is possible to those who merely crawl among the mists and mazes of bewildering and conflicting details. He was a loyal champion of the great principles in which he believed. With dauntless courage he defended them against all assaults, no matter in what shape or from what quarter they might come. Fidelity to what one believes to be true, moral courage in adhering to one's convictions before the world, is the greatest lack of our time. The age lacks sincerity, and what men most lack is the feeling that they should be true to the right; and that to be manly is to be ready to follow the truth, under whatever guise it may come, to whatever it may lead. It was just the possession of this rare quality that made Lunsford Vandell so conspicuous, and caused men to admire even while they opposed him.

He was a man of varied powers and of a many-sided character. Like a perfect gem, emitting light in all prismatic colors, and from a hundred brilliant facets, his rich and complex nature presented a new yet ever beautiful aspect from whatever side it might be viewed. Thoroughly original in thought and independent in action, he could not be a man of routine, and never did the same thing twice in exactly the same way.

In the midst of absorbing duties, of steady hard work, the current of his life flowed swiftly on. But his usefulness received many a check. Attacks of illness time and again interrupted his labors, but he returned to them with unwavering determination and in a spirit of hope and cheer and trust. Shortly after his forty-sixth birthday he wrote:

"I have grown much older in the last four years, at the rate of about four years to the twelve months. As I take stock of life at forty-six, I rather believe I can see some progress during the past year. My health, on the whole, enables me to work better than formerly, and I have done some writing and studying and lecturing. Honest work is never lost, and I have idled little in any way."

The various attacks of illness that came upon him were as the distant but ominous sounds which often precede an earthquake. All of a sudden it came. The glorious edifice of his life crumbled into instant ruin, and only the blessed memories of what he had been remained. On awakening in the morning of the 12th of March, 1884, he complained of a violent indisposition, and suffered much all day. Toward night he appeared more at ease and asked for food. A few minutes later he was seized with a sudden angina, and then—the silence and sleep of death settled upon him.

"There was no cold gradation of decay;
Death broke at once the vital chain
And freed his soul the nearest way."

"Then fell upon the house a sudden gloom,
A shadow on those features fair and thin,
And softly from the hushed and darkened room
Two angels issued, where but one went in."

He was gone! His calm and silvery voice will be heard no more. Never again will be seen on earth this perfect type of manly beauty—noble in aspect, pure in heart, kind and affable in conversation, faithful in friendship, vigorous and persevering in all good works!

The news of his death spread with lightning speed, and created a profound and sorrowful impression—a whole people mourned; all classes united in one common grief. Hearts aching with sorrow throbbed in many a lordly mansion. Among the poor a wail of anguish went up, for they had lost their friend. Even in the purlieus of vice, in dens of sin and shame, eyes unused to tears wept, for the good physician was gone; he who had only words of kindness for them in their misery and degradation, whose voice was ever soft and gentle, whose mild and noble features ever expressed the divine sympathy that directed his ministrations even to the most abandoned of mankind. His deeds of mercy strewn along his path and shining as stars in the firmament do follow him.

At the grave the poor, the friendless, the fatherless, the widow wept in sorrow for their loss, and with voice broken with sobs invoked God's blessing on the dear ones he had left.

The medical profession of the city and of the whole State was profoundly moved with grief at his death. Their public and private expressions of sorrow and sympathy were re-echoed from every part of this vast continent; and messages of affection and regret came even from distant hemispheres across the sea.

Thus died Lunsford Vandell in his forty-seventh year. It was a short life measured by years, but of unusual compass when one reflects on all that he accomplished. He crowded within its brief space more noble thoughts, more earnest endeavor, more varied labors, more stirring activity, more brilliant achievements than go to make the sum of fifty ordinary lives.

I have sketched his public course. Will you pause a little while I draw the veil that shrouds his inner life as I have learned to know it?

Gifted with extraordinary abilities, and amid opportunities well fitted to stimulate ambition, yet he was signally free from the sway of this passion. During the last year of his life he gave much of his leisure to the reading of Carlyle, in one of whose letters the following passage occurs, which seems to have made a deep impression on Lunsford and coincided with his own feelings, for he marked it and surrounded it with lines as if he wished to have his eye directed to it whenever looking at the page:

"As to fame, and all that, I see it already to be nothing better than a will-o'-the-wisp which leads one on through quagmires and pitfalls to catch an object which, when we have caught it, turns out to be nothing."

In a letter of his own, he writes:

"I do not care to have my name live, save for my children's sake, but I wish to sow the seeds of good in this life, which may fructify both this and coming generations; which may bring forth good fruit that shall feed men and form them for God's work."

He was endowed with extraordinary energy and perseverance in the pursuit of any object he thought worthy and wise; never dismayed by difficulties, never deterred by obstacles. To him

difficulties were things simply to be overcome; obstacles merely things to be removed. He never failed in any thing he undertook. Men marveled at his success, but few understood the secret by which he succeeded.

"What was my art?" said Richelieu. "Genius, some say; some fortune; witchcraft some. Not so; my art was *justice*!" Lunsford Vandell loved justice, and feared naught so much as to be unjust to any one. After having achieved a great success he wrote to the trusted sharer of his joys and sorrows:

"But, after all, our great strength consisted in taking the just, which is always the strong because it is the right side."

To say that he was free from envy would be but scant justice, for he was remarkably free from this low but common fault, and possessed in an unusual degree the opposite virtue. Magnanimity was a distinguishing feature of his character. In the controversies which official position or a sense of duty compelled him to engage in, he was the sturdy champion of principles, and waged relentless war in behalf of them. But he harbored no ill-will toward his opponents. No one ever forgave personal injuries more quickly and completely than he did. Some time after a certain personal disagreement he was heard to ask of a friend: "Did I not have a quarrel once with Dr. —? What was it all about? Do you remember?" So completely had he forgiven. With him the remedy for injuries was to forget them.

"Some grave their wrongs in stone; but he, magnanimous and serene, wrote his wrongs in dust; he trod them under foot, blotted them out, and grieved only that they could not escape the eye of the Almighty."

He was lenient toward the weaknesses of men, found extenuating circumstances for their faults, and always tried to think the best of all. He was a man of deep and tender sympathies, and as he advanced in life—as the depth of its meaning became more and more clear to him, as he came to feel the gentle pressure and guidance of an "Unseen Hand"—his sympathy for the suffering and sorrowing, the weary and heavy-laden, became also more broad and tender, until it enfolded in a sweet embrace all God's creatures. Whatever of human weakness and imperfection might attach to him, he certainly made no effort to appear other than he was. No one had less hypocrisy in his composition; no one could be more genuine. Though with charming candor he avowed his faults, yet with the delicacy of a sensitive nature he shrank from revealing those priceless treasures of mind and heart of which he was possessed, and which, when once discerned, inspired love and admiration. Could I but interpret to the world one half of the noble thoughts and lofty sentiments which lie buried in his grave, I should bestow a greater benefit upon the world than I can ever hope to accomplish.

No one ever set a higher value on true friendship; no one had more friends than he; no one loved his friends more than he; no one was ever more loved by his friends than he.

"His sweetness won a more regard unto his place
Than all the boist'rous moods
That ignorant greatness practiceth."

It was his delight to gather his friends around him in his beautiful home. He was a charming

host, and never appeared to greater advantage than on those bright occasions when in the midst of his chosen guests he dispensed a refined and genial hospitality. His highest happiness was centered in his home. A loving and devoted husband, "his wife was the ocean to the rivers of his thoughts." The paternal instinct was never more strongly displayed in any man—it had developed into a principle of his being; an ever present motive; molding his utterances, guiding his actions toward the one end—the welfare and happiness of his children. His was a cheerful and a happy life. Among friends and pupils, in his home and abroad, by precept and example, he taught the duty of cheerfulness.

"Cultivate a habit of cheerfulness," he would say; and again, "A wide-spreading, hopeful disposition is your only true umbrella in this vale of tears." In one of his letters he wrote: "Learn to be happy; happiness is chiefly self-contained."

No one better knew than he the depressing effect of sickness and how easy an over-worked brain engenders fretfulness and irritability. "Bad health" (he said with Carlyle) "does indeed undermine me more than all other calamities put together." Yet while pressed by the exacting duties of his professorship and editorial position, worn by an arduous practice and by bodily pain, he was ever cheerful, and could feel and write:

"It would be very wicked and ungrateful in me ever to be sad a single moment, for God is so good to me."

It was this faith in the goodness of God which built for him a bridge across the gulf of death and landed his thoughts peacefully on the farther side.

"And now he rests, his greatness and his sweetness
No more shall seem at strife,
And death has rounded into calm completeness
The statue of his life."

One by one I have taken up the many threads of his beautiful life, and with unskillful, but with loving hands, have tried to weave them into one connected whole. You who knew Lunsford Vandell and loved him, will feel with me how imperfect, very far beneath his merits, my work has been. Yet there is but one thing more for me to say; one more tribute to offer to his beloved memory. The laurel wreath upon his monument, the sum of all he was, and all he did—

"HE ADDED LUSTRE TO ANCESTRAL GLORY!"

This was followed by a eulogy on the life and character of the late PROF. T. S. BELL. The speaker was Prof. W. O. Roberts. He said:

Gentlemen of the Graduating Class:

During the scholastic year of the Medical Department of the University of Louisville which closes with this evening, four gentlemen, who were at one time teachers in this institution, have died. Two of them, Dr. Lunsford P. Vandell and Dr. Theodore S. Bell, were instructors of most of you now present. The two others, Dr. Samuel D. Gross and Dr. Benjamin Silliman, were professors in the school at an earlier day. Dr. Vandell, the youngest and the pupil of the other three, died first. You have just heard the tribute to his worth paid by his associate, Prof. Ochterlony. I have been selected by my colleagues to say something of the life and

services of Dr. Bell, who but a few weeks ago you were wont to hear as he told how life might be prolonged and the prevention of disease effected.

Theodore Stout Bell was born in Lexington, Ky., in 1807. His parents were very poor. His early life was full of hardships. While still a youth he was apprenticed to a tailor, and actually began the study of medicine while engaged at his trade. He was frugal, and managed in time to set aside a sum sufficient to enable him to enter Transylvania, at that time one of the two medical schools west of the Alleghanies. He soon attracted the notice of Dr. Benjamin Dudley, then the most famous surgeon and teacher of surgery in the Mississippi Valley, and had the good fortune to become one of his private pupils. After following the prescribed course of study, he graduated with distinction. Soon after he selected Louisville as his future home, and bringing with him a fine ambition and strong health he came here and entered upon his work. His industry and kind attention to his earlier patients quickly brought him others, and he soon acquired a large practice, which, had he chosen, he could have held to the last, for no physician ever had a stronger hold than he on his patients.

He had an uncommonly fine physique, and while but of the average height, his shoulders were broad, his chest deep, his limbs strong, and his entire make-up solid. These valuable points were crowned by that greatest of all earthly blessings, health. If now to this whole we add the needs which attend poverty, an almost fierce love of knowledge, great ambition, a quick and vigorous mind, and a memory tenacious of details no less than of larger things, and it was easy for Dr. Bell's early masters to foretell, as they did, his career. It was said of him by the intimate friend of a lifetime, the late L. P. Vandell, sr., himself one of the most active and industrious of men, that he had not known a man so capable of work and so fond of it as Dr. Bell. The machinery both of his body and his mind was so strong and so well adjusted that it seemed never to weary, and rarely to need the ordinary periods of rest. During almost his entire life he gave but six hours in the twenty-four to sleep, and for very many years he worked twenty out of the twenty-four hours.

He was a great and an absolutely omnivorous reader. The boundaries of his own and best loved science were all too small for his wide tastes, and in his greed for knowledge he laid hold on the sciences at large; on theology, on history, both that of the remote past and that current of the day; on the languages dead and living—in a word, on every available source of knowledge. He made himself a scholar in Greek while working as a journeyman tailor. Later in life he undertook the study of the Hebrew language, in order that he might assist in the preparation of a new version of the Bible, which was being made under the auspices of the church to which he belonged. He read Latin and French well nigh as fluently as he read English, of which he had an uncommon knowledge.

Yet these varied tastes and diverse studies were not allowed to interfere with the chief business of his life—the study and practice of medicine. Greek and Sanskrit, Latin and French, and such other studies as he pursued seemed to supply him with what others find in society or travel, or in games, or the rod and gun, namely, recreation.

He recreated himself by taking up a new branch of science, watching the growth and flowering of a new plant, or tracing through their arms and utensils the life and habits of a prehistoric race. It might be truthfully said of him that he seldom rested from and never wearied of study. Yet, as I have remarked, though so zealous a student, he was noted as a practitioner of medicine. His uncommon learning made his opinions much sought after, and his experience gave them much weight. He was quick, though painstaking in the sick-room. His devotion to his patients was only exceeded by their devotion to him. His assuring manner and kindly ways won hearts from the beginning to the close of his days. He has been called a theorist, and theorist he was. But there can not be a practice of medicine without a theory of medicine, and he who is strongest as a practitioner of the art must also be best versed in its theories. In truth, the theories of yesterday become the practice of to-day, while the practice of to-day furnishes the theories for the morrow.

All of you, graduates, have heard him lecture many times. You could not but be struck with his learning, and as you grow older and come with age to know how great and many-sided that learning was, you will value his teachings more and more. His utterance was quick, his gestures were few. He threw his whole soul into his lectures, as he did into all else he undertook.

He was an uncommon lover of flowers, and cultivated them with zeal and success. His office and bedroom were crowded with living plants, while roses and trailing vines grew in the windows and were made to cover the roof of his house. He loved children, and gave much more of his time to them than he did to those of larger growth. He was himself simple-hearted and credulous as a child. And yet, as has been said by another, Dr. Bell was a medical warrior. He was certainly a man of strong convictions, and quick to speak in their defense. These qualities led him often into controversy, and he early acquired reputation as a disputant. His learning, trenchant wit, ready powers of repartee, and accurate memory, added to a facile pen, made him an always dangerous adversary. It is related that George D. Prentice remarked to a writer who had prepared an assault upon Dr. Bell on some scientific matter, and which he wished to publish in the Louisville Journal, of which Mr. Prentice was the editor, "Attack him if you will, but he's as dangerous as a live lion, who, if he doesn't bite your head off, will claw your in'ards out." The writer, whose courage outran his discretion, precipitated the war, and met the fate foreshadowed in Mr. Prentice's admonition.*

Those of us who belong to a younger generation saw but little of that side of Dr. Bell's character, for as he grew older he grew more tolerant and gentle, and lived more with his books, his flowers, and his grandchildren. Until his buggy was seen no more on the streets, it was rarely seen when one of its occupants was not the grandchild of its driver.

"It may be truthfully said that during the half century of his sojourn here, no worthy event or institute, medical, religious, political, educational or charitable, was projected or brought to light which did not enlist his warm interest in its behalf, or earnest labor for its success."†

*I am indebted to Dr. D. W. Vandell for this anecdote.

†Louisville Medical News, Vol. xix, No. 1.

He was one of the incorporators of the Institute for the Blind, which has done so much for the education, usefulness, comfort, and happiness of that unfortunate class of our fellow men. Next, perhaps, to his patients proper, he gave his time to the sightless inmates of this noble charity, over whom "he watched with the tender solicitude of a father, and many a soul doomed else by fate to grope its lifelong way through the world in total darkness found in him 'eyes' by whose aid it might walk securely and catch glimpses of light and beauty from the scenes around."*

When a very young man Dr. Bell united himself with the church, and throughout his long life his walk and conversation were those of a Christian. The wider the range his studies took, the farther his vision extended into the domain of the sciences, the broader and deeper, the clearer and more positive his faith in the truths of the Bible seemed to grow; and finally, though admonished by repeated seizures of the malady which at last took him off so quickly, his trust that he would enter on another and a better life when this one here was ended was so complete that he seemed to give the matter scarcely a thought, but busied himself the rather with plans for the happiness of those he loved and expected so soon to leave. When a little past middle age he lost his wife, a superior woman, to whom he was sincerely attached. After that great misfortune he withdrew into himself, and rarely went out after nightfall, choosing to spend his evenings in his office, his books his only companions. For some years before his death one of his grandsons was in the habit of going at night and occupying a bed in his room. It so happened that on the day preceeding his death he had given the youth permission to pass the night in the country. The next morning when his servant entered the room, his master, its only occupant, lay dead on the floor. An open book lay on a table near the head of the bed. He had, as was his wont, evidently been reading after he had retired. He had long been a sufferer from a dilated heart accompanied by its frequent associate, asthma, and it is not unlikely that, in one of the suffocative seizures which make this combination so hopeless and so dreadful, he had risen to open a window that he might catch a breath of fresh air, and in the effort had fallen dead. This was on the 28th day of December. Dr. Bell had often expressed the hope that he might be permitted to work to the last and then pass quickly away. His hope was fully realized, for he was busily engaged to within a few hours of his death, and he doubtless passed in a twinkling into the "gathering silences."

Though he seemed never to give thought to the accumulation of money, and dealt charity with an open hand, Dr. Bell had so few wants, and they so simple and inexpensive, that he died possessed of a handsome competency.

Gentlemen, the lesson of the life which I have so briefly and imperfectly described is easily told. Industry and strong will joined to lofty purpose and incessant application overcome every obstacle, bring happiness to their possessor, and leave a name which men "will not willingly let die." Such is the lesson which the faculty would have you draw from the life of their late colleague. Farewell.

*Louisville Medical News, Vol. xix, No. 1.

The exercises closed with the benediction, pronounced by the Rev. L. P. Tschiffely. The young doctors wore their honors most becomingly, and the eloquent addresses were delivered with grace, with force, and solemn dignity.

EUPHORBIA PILULIFERA IN DYSPNEA.—In an article on Contributions to the Study of Euphorbia Pilulifera (Therapeutic Gaz.), Dr. A. Marsset, of Paris, France, says the drug gives good results in attacks of dyspnea caused by spasmodic asthma, emphysema, or chronic bronchitis. It seems to act directly on the respiratory and cardiac centers. The dose is usually one to ten grains, either in form of a decoction, an aqueous extract, or tincture. It is an irritant to the gastric mucous membrane, and should be given at meal times largely diluted with water.

BORO-BENZOATE OF SODIUM.—The American Journal of Pharmacy recommends for the preparation of this salt the following formula:

Borate of sodium, ℥ij;
Benzoate of sodium, ℥iv;
Water, q. s.

Dissolve both salts, filter, and evaporate to dryness with constant stirring.

COCAINE IN IRRITABLE BLADDER.—Mr. Edward Bellamy reports (Lancet, February 14, 1885) success with cocaine in cases of irritable bladder with spasmodic contraction of the sphincter vesicæ. He uses it in the form of gelatine bougies, each containing one quarter of a grain of the cocaine hydrochlorate.

An editorial in the Journal of the American Medical Association, relative to the tolerance for large doses of medicine in certain diseases, says: "The present popular tendency to use large doses of alcoholic remedies in diphtheria is productive of positive detriment to the patient."

THE English Collective Investigation of Disease Committee find that less than one tenth of all cases of diphtheria can be traceable to defects in sewerage or drainage. They claim that it is epidemic and sporadic.

DR. J. W. MALLET has resigned the position of Professor of Chemistry in the Jefferson Medical College, of Philadelphia. It is stated that he expects to return to the University of Virginia.

The Louisville Medical News.

Vol. XIX. SATURDAY, MARCH 7, 1885. No. 10

H. A. COTTELL, M. D., - - - - - Editor.
J. MORRISON RAY, M. D., - - Assistant Editor.

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THE ALUMNI ASSOCIATION.

A meeting of the Alumni Association of the Medical Department of the University of Louisville was held in the college building on the evening of March 2d. The following officers were elected for the ensuing year: President, Dr. Peter Guntermann, class of '69; First Vice-President, Dr. C. W. McIntyre, class of '83; Second Vice-President, Dr. H. W. Alexander, class of '56; Secretary and Treasurer, Dr. D. L. Washburne, class of '83. A committee, consisting of Dr. W. B. Doherty, class of '72, Dr. Ap Morgan Vance, class of '78, Dr. J. Morrison Ray, class of '82, was appointed to select an orator for 1886. Dr. W. O. Roberts, class of '69, Dr. Henry M. Pusey, class of '80, Dr. F. C. Leber, class of '64, Dr. J. M. Clemens, class of '57, Dr. E. R. Palmer, class of '64, and the President, *ex officio*, were selected as a committee to consider the feasibility of an annual or triennial banquet, the first of which is to be given on the night preceding the next annual commencement exercises.

Take it for all in all, this meeting may be regarded as the most important held since the organization of the society. The newly-elected officers and members of the com-

mittees are for the most part young men who bring to the work ability, ambition and enthusiasm.

The committee has promised to secure the services, as orator, of one of our *alma mater's* most distinguished sons, and no pains will be spared to secure a large attendance of members, with fit entertainment for them when they come.

These fair promises, however, are destined not to be realized, if every thing be left to the officers and committees. It is to be hoped, therefore, that every alumnus will awake to a sense of personal responsibility in the matter, and at once, putting himself in communication with the Secretary, report for duty. Let him take tribute of his time, talent, influence and purse (the tax upon the latter can never be more than a trifle), for the furtherance of the good work, and the highest hopes of the Society's most enthusiastic supporters will find full fruition ere another twelve-month shall roll around.

THE death of Dr. Louis Elsberg, of New York, is announced to have taken place on February 19th. Dr. Elsberg was one of the most prominent laryngologists of the present day, and started the first clinic for the exclusive treatment of throat diseases in this country. He was the editor of the Archives of Laryngology up to the time of its suspension. He had been suffering for some time from Bright's disease, but the immediate cause of death was pneumonia.

DR. JAMES E. REEVES, because of continued ill health, has resigned the position of Secretary of the West Virginia State Board of Health. Dr. L. D. Wilson, of Wheeling, has been appointed by the Governor to fill the vacancy.

THE Commencement exercises of the University of Nashville and Vanderbilt were held on February 26th. The graduating class numbered one hundred.

Bibliography.

Lectures on the Principles of Surgery. Delivered at the Bellevue Hospital Medical College, by W. H. VAN BUREN, M. D., LL. D. (Yohn), formerly Professor of Principles and Practice of Surgery in Bellevue Hospital Medical College; one of the Consulting Surgeons New York Hospital, Bellevue Hospital, Presbyterian Hospital; formerly President New York Pathological Society, Corresponding Member Surgical Society of Paris, etc. Edited by LEWIS A. STINSON, M.D., Professor of Physiology and Clinical Surgery, in the Medical Department of the University of the City of New York: Published by D. Appleton & Co., New York. For sale by John P. Morton & Co.

The above volume presents, as it lies before me, an appearance at once modest and prepossessing; an 8vo volume, bound in cloth, clearly and beautifully printed on yellowish tinted paper, in the best style of its famous publishers. Having said this much as a guarantee of the mere physical pleasure of the prospective reader, it were possible to have said all other needful things in the title-page, since expressions of delightful experiences must come from any member of the profession who, being philosophically rather than pedantically inclined, may do himself the justice and real service to purchase and read the book. A fitting opportunity is afforded by this publication to invite attention to a cause which, I at least believe, appeals for support to good taste and to the reader who is tired out by the pedantry of authors who mark out "the cutting of surgical sticks," as for a class of school urchins, and afterward affect to guide the hesitating hand in the repetition of the prescribed cutting. Adorned with pictures, the latter style of new and done-over old surgeries attract a great deal of unmerited attention. Even editors to medical journals pander to this evidence of superficiality, and readily republish articles from other journals for the sake of the woodcuts with which they ornament (?) their pages in the absence of lucid, substantial thought.

Nothing is more to be deplored than the absence, and nothing to be more commended than the possession of natural fitness on the part of both teacher and student of the art of surgery; the maximum of virtue is attained in the combination of natural dexterity with the facile brain-power necessary to the comprehension of the science of surgery. To this attitude had Van Buren risen, and this pre-eminence had he

enjoyed many years before his death. Picture-books and prolix pedantry easily fall into disuse in such company. However, in this as in other matters, the wistful eye stretches its vision into millennial futurity, and one is forced to accept for the nonce what will not be changed until popular demands shall be based upon more realistic standards; that is, when all surgeons shall compel by true merit alone the fullest measure of respect, as did our author.

This work should have been styled *The Philosophy of the Science of Surgery*, in contradistinction to many others which plainly essay the art alone, leaving the better reader to politely infer the scientific lore not evidenced in the text. In this book is portrayed the scholarly trained thinker and philosopher. From the hand of a great master it will add material luster to the acquirements of all who may enjoy a reading of it.

E. V. D.

Manual of Chemistry. A Guide to Lectures and Laboratory work for Beginners; a Text-book specially adapted for Students of Pharmacy and Medicine. By W. SIMON, Ph. D., M.D., Professor of Chemistry and Toxicology in the College of Physicians and Surgeons, etc. With sixteen illustrations on wood, and seven colored plates representing fifty-six chemical reactions. Philadelphia: Henry C Lea's Son & Co. 1884. For sale by John P. Morton & Co.

This work, an octavo of 411 pages, is simple, scientific, and beautiful. The matter is arranged in the form of questions and answers; abstruse technicalities are avoided, while such theoretical teaching as is necessary for the further understanding of the subject is made easy of comprehension by simple, direct, and lucid explanation.

The work is, of course, limited in scope, but deals with a sufficient number of topics to keep the student busy for at least the first two years of study.

Such parts of the work as deal with laboratory studies are especially satisfactory. All tests and manipulations are put in unmistakable terms, while many of the color changes attendant upon chemical reactions are set forth with rare elegance and perfect truth to nature by the chromo-lithograph plates. This is an original feature, and is sufficient of itself to bespeak for the work a wide popularity. Though framed to meet the needs of all beginners, it is the medical student who will find in Dr. Simon's work a text-book of especial attractiveness and helpfulness.

The Elements of Pathology. By EDWARD RINDFLEISCH, M. D., Professor of Pathological Anatomy, in the University of Würzburg. Translated from the first German edition by WILLIAM H. MERCUR, M. D. (University of Pennsylvania); revised by JAMES TYSON, M. D., Professor of General Pathology and Morbid Anatomy, University of Pennsylvania, etc. Philadelphia: P. Blakiston, Son & Co. 1884. For sale by John P. Morton & Co. Price, \$2.00.

The simple announcement of the translation into English of a work by Professor Rindfleisch is sufficient for our readers, since the eminence and authority of the author will cause it to be eagerly sought and read by every well-informed physician.

The work is not in any sense a text-book, but rather a series of essays upon general and special pathology, in which the author aims to lay before the reader all modern pathological doctrines, and the facts upon which they are supposed to rest. That this aim has been made an attainment will be conceded by the thoughtful reader. The translator and editor are entitled to great credit for fine English in the text, and a faithful rendering of the author's ideas.

An Introduction to Pathology and Morbid Anatomy. By T. HENRY GREEN, M. D., Lond., F. R. C. P., London, Physician to Charing Cross Hospital, and Lecturer on Pathology and Morbid Anatomy at Charing Cross Hospital Medical School. Fifth American, from the sixth revised and enlarged English edition, with one hundred and fifty engravings. Philadelphia: Henry C. Lea's Son & Co. 1884. For sale by John P. Morton & Co.

This able work, for years a standard text-book in pathology in England and America, requires no introduction to our readers. Recent rapid advance in pathology made necessary a new edition of the work, and the most critical reader will not deny that the demand has been fully met. To lighten the labor of revision, the author secured the efficient services of Mr. Stanley Boyd, whose chapters on Pyemia and Septicemia, and the Vegetable Parasites, make a most interesting and valuable part of the work.

Medical Diagnosis. A Manual of Clinical Methods. By J. GRAHAM BROWN, M. D., F. R. C. P., Ed. Second edition, illustrated. New York: Bermingham & Co. For sale by John P. Morton & Co. Price, \$1.50.

This is a valuable work for the physician's office table. The most approved methods of diagnosis will here be found, set forth in

the fewest possible words, and so arranged as to be available for ready reference. Among the many noteworthy features of the work may be mentioned the author's full and satisfactory setting forth of the diagnostic points of kidney disease and urinary derangements, items bearing upon diseases of the nervous system, and certain diagnostic points to be noted in the feces as characteristic of intestinal or other diseases of the abdominal viscera.

Notes on the History, Manufacture, Uses, and Properties of Hydrochlorate of Cocaine. With compliments of McKesson & Robbins, Manufacturing Chemists, 91 Fulton Street, New York.

The Physiological Effects and Therapeutical Uses of Hydrastis. By Roberts Bartholow, A. M., M. D., LL. D., Professor of Materia Medica and General Therapeutics in the Jefferson Medical College, etc. Reprint from the *Drugs and Medicines of N. America*, March, 1885. Cincinnati: J. N. & C. G. Lloyd.

The Science and Art of Surgery: A treatise on Surgical Injuries, Diseases, and Operations. By John Eric Erichsen, F. R. S., LL. D., F. R. C. S., Surgeon extraordinary to Her Majesty the Queen, etc. Eighth edition, revised and edited by Marcus Beck, M. S. and M. B., Lond., F. R. C. S. With 984 engravings on wood. Vol. II. Philadelphia: Lea Brothers & Co. 1885. For sale by John P. Morton & Co.

New Remedies.

Conducted by Simon Flexner, Ph. G.

NEW PRINCIPLES IN ERGOT.—A recent examination of ergot by Dr. R. Kobert, of Strassburg, has revealed the presence of several new proximate principles. Without making the isolation of the total proximate principles, each in a state of purity, his objective point, the Doctor turned his attention to the preparation of those bodies, which he had extracted for the first time, of such purity that in the physiological tests to which he subjected them the possibility of interaction between the principles experimented with and some other adherent substance would be reduced to the minimum.

Three physiologically active bodies are up to the present time isolated, two of which are of an acid and one of a basic nature. Of the acids the one called ergotinic acid is of much importance, inasmuch as it appears to be the substance of which the prevailing portions of the so-called "ergotins" consist, and since it is but a purer form of the lately introduced sclerotic acid.

Strange to say, the Doctor holds that ergotinic acid is entirely without contractile effect on the uterus; and he therefore regards the ergotins of the market as well as the sclerotic acid itself—both of which, as stated above, being mainly composed of the acid in question—as devoid of the power to affect the uterus in the manner named, and therefore of doubtful value.

Sphacelinic acid, the second of the acids, is one of the alcohol-soluble constituents of ergot. It would appear that this body is liable to spontaneous decomposition, since it is only present in fresh ergot. As regards its physiological activity, it seems to have the power to increase the blood-pressure, sometimes giving rise to gangrenous processes. Furthermore, it is the body which causes some disease of the crystalline lens leading to cataract.

Cornutine is the basic alkaloidal principle. It is said to differ from both the crystallized and amorphous ergotinine of Tanret. It resembles these bodies, however, in wanting the property of causing uterine contraction, and it therefore is not the specifically active principle of ergot. Its administration gives rise to some movements of the uterus, but it never causes expulsion of the fetus.

NAPHTHALINE AS A SURGICAL DRESSING.—Naphthaline has recently been pretty widely recommended as an antiseptic dressing, and we are now informed that it has been substituted for the more expensive iodoform by the Bellevue Hospital staff. A report from this institution bearing on this subject is soon to be issued, when the comparative value in practice of this substance will undoubtedly be shown.

In its refined state naphthalin is a white, glistening, scaly substance, rather difficult to powder and possessed of an intolerable odor. This last difficulty is, however, easily removable, since a few drops of oil of bergamot readily and effectually mask the natural odor, substituting in its stead a rather agreeable though somewhat peculiar

odor, suggesting nothing familiar to us. In powdering a few drops of alcohol serve a very good purpose, greatly facilitating this operation.

Selections.

LAPAROTOMY AND FALL OF TEMPERATURE.—Professor Werth, of Kiel, has recently conducted some clinical observations on the influence of operations, especially abdominal section, on the temperature of the body. In thirty-one cases of laparotomy he took the temperature, by inserting a thermometer in the rectum, within half an hour after operation, and found that, with very few exceptions, there was a distinct fall of temperature, amounting, on an average to half a degree. On taking temperatures in the same manner, however, in thirty-six cases, chiefly plastic operations on the vulva, vagina, and cervix uteri, where the peritoneal cavity was not opened, he found that, except in six cases, there was a distinct fall to the extent of 0.4 degree. In all these operations the room where they were performed had been kept uniformly warm. No direct relation between the duration of the operation and the extent of the fall of temperature could be established. Dr. Werth believes that the cooling in laparotomy is due to the same causes as in any other operation. The loss of blood is the most important agent in lowering temperature; and another factor, according to Dr. Werth, is the influence of the anesthetic, which appears to have a specific influence on the temperature. In experiments upon animals the marked fall in temperature when the abdomen has been freely opened in the middle line has been shown to be due, in great part, to the exposure of viscera. Hence, particularly when the spray is employed, it is advisable not only to cover the intestines with sponges to prevent their prolapse and exposure, but also to wrap up the tumor in warm flannels until its pedicle has been secured and divided, since, until that has been done, the cooling of the blood circulating in the tumor may be sufficient to cause effects prejudicial to the patient.—*British Medical Journal*.

ERUPTION FOLLOWING THE USE OF ANTI-PYRIN.—Dr. Paul Ernst reports two cases of an eruption caused by the internal ad-

ministration of antipyrin. The two patients were a boy and a woman, aged respectively ten and sixty-seven years, yet the eruption was so nearly alike in both cases that there could be little doubt that the same cause was at work. The eruption consisted of little irregularly rounded pimples lying close together, and in some places confluent so as to form patches of greater or less extent, between which the skin was normal, thus giving a marbled appearance to the surface. After about five days the eruption began to fade and to assume the character of a brownish pigmentation, and in the old woman there were some faint evidences of desquamation. Traces of the eruption were still visible at the end of two weeks. The eruption was thickest over the body, and on the extremities the extensor surfaces were more covered than the flexor surfaces. In the boy there was some edema of the face, but in neither case was there any eruption on the head or neck, although the palms of the hands and soles of the feet were not spared. There was some itching in the case of the woman, but the boy did not complain of this. The eruption ran its course and disappeared, although the administration of the antipyrin was not interrupted. The writer explains this by supposing that the system acquired a tolerance for the drug. On this account he advises a continuance of the remedy where its use is indicated, despite the eruption. In a postscript Dr. Ernst states that he has observed three other cases of an exactly similiar nature.—*Centralblatt für klinische Medicin; Practitioner.*

EXTIRPATION OF THE RECTUM FOR CANCER.—If this operation is to be performed, Professor Esmarch recommends (*Centralf. Chirurgie*) that the rectum should be first most carefully examined. The rectum must be thoroughly movable, and not bound down to the surrounding parts, otherwise it is useless to attempt the operation. The harder and more circumscribed the cancer, and the less pain it has given rise to, the more favorable the prognosis. The situation too of the cancer in the mucus rather than in the submucus tissue is another favorable sign. The operation succeeds well if only one part of the wall is affected, and especially if that one part is the hinder portion. If an incision be carried far back to the coccyx plenty of room will be obtained, and the rectum can be moved as far up as the commencement of the sigmoid flexure.

It is better, if possible, to bring down the upper end and attach it to the lower, while the external sphincter is preserved. If this be done, good power of retaining the feces will be the result. The excision of a narrow ring some distance up never succeeds, as the lower end of the intestine sloughs. Good provision should of course be made for drainages, and if the peritoneal cavity is opened it should be closed at once. In rare cases, where the peritoneum is rendered septic by the feces which have found their way into it during the operation, it is advisable to drain it.—*Practitioner.*

COUGH REMEDY.—The Weekly Drug News recommends the following as a good remedy for cough without opium (which is often objectionable). This preparation is especially valuable in irritating and obstinate coughs, and is a pleasant sedative and expectorant cough remedy:

Bromide potassium,	1 $\frac{3}{4}$ av.;	
Tincture sanguinaria (blood root) 3 fl.		N.B.—Narcotics
Tincture of hyoscyamus,	2 fl.	
Ether (sulphuric),	$\frac{1}{2}$ fl.	
Syrup of ipecac,	2 fl.	
Syrup of tolu,	7 fl.	
Alcohol,	1 fl.	
Water,	3 fl.	

Dissolve the bromide of potassium in the water and mix the solution with the syrups. Mix the alcohol with the ether and tinctures, then add the mixture to the syrups and mix.

Dose, the same as other cough remedies, but may be given freely without injury.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department of the United States Army, from February 21, 1885, to February 28, 1885:

Bentley, Edwin, Major and Surgeon, relieved from further duty at Fort Clark, Texas, and assigned to duty as Post Surgeon, Fort Brown, Texas. (S. O. 17, Dept. Texas, February 16, 1885.) *Taylor, M. E.*, Captain and Assistant Surgeon, assigned to duty at Fort Stanton, N. M., as Post Surgeon. (S. O. 29, Dept. Mo., February 21, 1885.)

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service for the week ended February 21, 1885:

Battle, K. P., Assistant Surgeon, to proceed to Pittsburgh, Pa., for temporary duty, February 19, 1885. *Heath, W. H.*, Passed Assistant Surgeon. Resignation accepted, as tendered, by the Secretary of the Treasury, February 14, 1885. *Kallock, P. C.*, Assistant Surgeon, promoted and appointed Passed Assistant Surgeon, by the Secretary of the Treasury, from March 1, 1885, February 19, 1885.

THE
LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, MARCH 14, 1885.

Original.

MULTIPLE ABSCESS OF THE BRAIN.*

LEFT HEMIPLEGIA—RIGHT BRACHIAL AND
FACIAL MONOSPASM.

BY J. W. HOLLAND, A. M., M. D.

*Professor of Practice of Medicine and Clinical Medicine,
University of Louisville.*

Lloyd Townsend, aged fourteen, a negro, was employed in tobacco works, handling the damp leaves. Much of the time his breeches were wet about the knee from kneeling upon moist surfaces. Several years ago he had an attack of acute rheumatism. For at least one year he has had a cough, which of late has grown severe, especially at night. No hemoptysis, wasting, or short breath. Expectoration was abundant, of mucus and muco-pus.

On or about January 2, 1885, his aunt observed that he was awkward in walking, the left foot catching or striking the other. She asked him about it, but he made light of it, saying "it did not hurt him, he was all right." On the morning of January 9th he was observed putting his right hand in a basin of cold water. He explained that it felt cramped and funny. The fingers twitched, and he remarked that he couldn't take hold of any thing with a good grip. He rubbed it awhile, the strange feeling passed away, and he went to work. At about noon, while working on a low table, he suddenly fell off on the floor, stiff, his eyes rolling up. He remained unconscious for some minutes, then got up, complaining of weakness in the left arm and leg. He continued to work until four o'clock in the afternoon. At five he walked home, dragging his left foot and carrying his left arm in a stiff and unnatural way, but made no complaint of pain.

*Read before the Louisville Medico-Chirurgical Society, February 6, 1885.

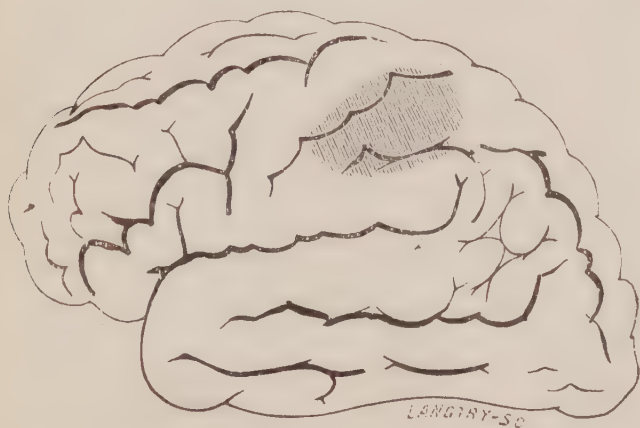
He was bright and cheerful, using his right hand as well as usual. He slept well, but awakened next morning decidedly weaker in the left arm and leg. He was carried to the University in a wagon, but managed to walk up two flights of stairs by the assistance of a friend. As I was not present, Mr. Reddish, the clinical assistant, took charge of his case. Mr. Reddish reports that at this time he had no trouble but a bronchitis and a left hemiparesis which did not involve the face. He was ordered to take a small dose of tincture nux vomica thrice daily. Returning home at noon he then had a marked spasm in the right hand and right face, with a rolling of the right eye. The spasms, which lasted for several minutes, would begin in the right hand, the fingers partly closing first and then the hand bending on the wrist; later the elbow would be slightly flexed. Almost simultaneously with the first twitch of the fingers the right eye would wink rapidly, then the angle of the mouth would jerk clonically and the eyeball would move slowly around its axis. Consciousness was retained during this spasm, the boy and his nurse rubbing the hand vigorously the while. He would soon doze off for about an hour, when the spasm would return. The paroxysms continued unabated three days. Scarcely any food was taken. The cough became drier, expectoration scanty. He complained of feeling chilly and flushing afterward.

On Wednesday, January 14th, Mr. Reddish found him suffering from an intense frontal headache and vomiting without nausea. He prescribed quinine for the chills, and reported to me his fear that the brain mischief was meningeal. Sleep was not possible on account of the pain. The manual and facial spasm were much less pronounced and less frequent, but the power of flexion was about gone from the right hand. His expectoration was not so

copious as formerly, but much more fetid. Sensation was normal every where. Sight and hearing unimpaired; mind clear. He at no time complained of visual spectra or flashes of light.

January 15th he was carried to the City Hospital. At this time there was decided left hemiplegia and some drawing of the right corner of the mouth. There was a mitral regurgitant murmur, with bronchitis. He gradually grew stupid until the 19th, when he fell into coma. I saw him for the first time on that day. He was in profound coma, with pupils dilated; no strabismus nor facial spasm; his urine was voided unconsciously, and his pulse was small and frequent. When attempts to rouse him were made he moved his right leg only; the right arm and face and left arm, face, and leg were motionless. An enema was given to open his bowels, and the head elevated. He grew weaker daily, and on the twenty-fourth he died, remaining comatose throughout.

The autopsy was held by Dr. Marvin, pathologist of the Hospital, and myself.



On opening the skull we found the dura free from disease in the upper half. The sinuses and the veins were gorged, and there was a general hyperemia of the pia, with a flattening of the convolutions on the left mid-parietal region. In removing the brain, owing to the adhesions that had formed at the base, some of the cortical substance on the basilar aspect of the sphenoidal lobes was accidentally torn away and an eruption of pus appeared. There was fluid in the subarachnoid space and an edematous condition of the subjacent cortex. A large abscess, containing over an ounce of pus, was found to have been opened by the removal of the brain from the dura. The opening was in the sphenoidal lobe, in the anterior part of the third or lower temporal convolution. On making Pitres' *frontal section*, that is, vertical through

the ascending frontal convolution from below upward, the abscess was found to occupy the sphenoidal fasciculus; to reach and involve the lower part of the lenticular nucleus, the internal and external capsules, and the claustrum. The same section continued through on the left side tapped another abscess above the corpus callosum. Making Pitres' *parietal section*, that is, vertical through the ascending parietal convolution, this second large abscess was opened through the middle. It occupied about half of the superior parietal and the middle parietal fasciculi of the centrum ovale, and extended from the cortex, which was soft and boggy, to the upper level of the corpus callosum. The center of the cortical area was softened and flattened in the upper part of the ascending parietal convolution. It extended behind into the supra-marginal gyrus, and in front it took in the upper and middle parts of the ascending frontal.

The contents of the abscesses was a greenish, thick fluid, some of it almost gelatinous. It was composed of pus, mainly molecular; fat and debris could also be found. There was no abscess wall, but rather a softened state of the neighboring parts.

I was compelled to leave before the thorax and abdomen were opened.

Dr. Marvin has informed me that the right lung was affected by catarrhal or lobular pneumonia in its upper and middle parts. The mitral valve was crumpled and perforated in one segment, and the kidneys were the seat of amyloid degeneration.

There are certain features of this case worthy of comment. First, as respects the cause of the abscesses.

It is quite clear that these, like other multiple abscesses, must be *metastatic*, that is, due either to emboli from the heart or purulent, perhaps infecting, particles from the lungs conveyed in the blood-stream and lighting up suppurative encephalitis. It is impossible for any one to say in a case like this, where both organs were diseased, which was primary to the abscesses, the lesion of the lungs or that of the heart. Speculation concerning it must be barren of definite results. The most important question, however, is this, What light is thrown on the doctrine of localization of cerebral functions?

The abscess in the right sphenoidal lobe, where it destroyed the gray matter of the third temporal convolution, produced no characteristic external phenomena, thus

confirming previous physiological and pathological observations, and like them justifying to some extent the statement that cortical lesions *not in the motor zone* cause no symptoms. The same is true of lesions of the centrum ovale of the sphenoid fasciculus. The same abscess took in the anterior third of the *lenticular nucleus* and a part of its white capsules and thereby interfered with motor impulses, causing the left hemiplegia. This bears out the dictum of Nothnagel, in his masterly treatise on localization, "Motor paralysis (hemiplegia) is the sole symptom if the lesion is situated in the anterior third of the corpus striatum, in the region supplied by the lenticular striated artery."

A study of the abscess in the left lobe reveals the fact that it corroborates in every particular the conclusions of Ferrier. The convulsions of the right hand and face were obviously due to the primary irritation of the motor areas for these parts. Ferrier, Charcot, Pitres, and others have collected a large number of cases, with autopsies, and have made sufficient experiments upon lower animals to definitely locate the lesion either in the mid-parietal area of the cortex or the white substance immediately beneath. The rules laid down by them for diagnosis would have pointed out that the spasmodic flexion of the fingers was due to irritation of the upper part of the ascending parietal convolution and that the facial spasm was due to irritation of the middle part of the ascending frontal convolution. When it came to the rolling of the right eye and its rapid winking a doubt might have arisen, as Ferrier places the oculo-motor center in the first and second frontal gyri, in spite of some of his own experiments on animals which show that irritation of the supra-marginal and angular gyri causes movements of the eyeballs and dilatations of the pupil. In the case now being analyzed, there was rapid and persistent winking, with rolling of the ball of the right eye, for several moments at a time, and yet there was no lesion at the base of the first frontal convolution, the area supposed to preside over the oculo-motor function. Ferrier has ingeniously shown, in the lower animals, that while irritation of the supra-marginal gyrus causes rolling of the ball, etc., destruction of it does not paralyze the eye-muscles, as would happen if this were the motor center. Further, his experiments, often successfully repeated by others, show that while destruction of this area on one side causes no dis-

tinctive symptoms, if both sides are treated alike there is blindness in both eyes. Hence he concludes that the winking, the pupil dilatation, and the rolling ball are but reflex phenomena due to affection of the visual center, and that either side in the sensory zone can do the work of the other when the other is destroyed.

Our case is an experiment performed by nature which, as far as it goes, confirms in every particular the statements of this keen and accurate observer. By the light of present knowledge of the functional areas of the brain, in the early stage of irritation or convulsion it might have been doubtful as to which was involved, the first frontal or the supra-marginal gyrus, but when destruction caused the paralysis of the hand and the spasms ceased without ocular deviation it became highly probable that the oculo-motor center was not directly involved, but only by reflex excitement transmitted from the center of vision in the supra-marginal gyrus. This conclusion would have been strengthened by the reflection that the visual area adjoins the motor center for the hand, the destruction of which was not doubtful. It remains to be said that the influence of the large lesion of the centrum ovale was no more than we are led to expect by the researches of M. Pitres,* who has collected a convincing mass of evidence to the effect that lesions of the medullary substance between the basal ganglia and the cortex produce symptoms like those of the corresponding cortical areas. Apparently destruction of the white matter cuts off the motor impulses sent through it by the gray substance of the ideo-motor centers.

LOUISVILLE, KY.

THE ORGAN OF LANGUAGE

AND ITS RELATION TO RIGHT-OR LEFT-HANDED PERSONS.

BY JAMES WEIR, M.D.

In 1879, after reading a translation of Broca's article on The Organ of the Faculty of Language, with Observations on *Aphasie d'Aphemia*, I became greatly interested in the subject, and during my investigations that year became impressed with an idea which was greatly strengthened in the year 1882, at which time I renewed the study of this exceedingly interesting topic. The idea is as follows: That where the

* Lesions du Centre Ovale.

lesion in an aphasic patient existed in the right anterior frontal convolutions of the brain, the patient had been a left-handed man, and where the lesion had existed in the left frontal convolutions, the patient had been a right-handed man.

That the organ of language does exist and is situated in the anterior frontal convolutions no one at the present day will deny. In the early part of the present century, Gall considered that there were two organs of language in each hemisphere situated in that portion of the brain, being transversely on the supra-orbital plate—the one for originating the idea of words, and the other for acquiring language. Spurzheim, Lorry, Dembitz, Brahn, and others cite cases to prove that the organ of language is found in the anterior frontal convolutions. In collecting and formulating cases of brain affections, they noticed that in almost every case where there was a lesion of the anterior convolutions there was either loss or some impairment of speech. Lallemand, Audral, Boulland, and others next followed and strengthened their theory by the reports of numerous cases bearing out their deductions.

Bruilland passed a gimlet through the anterior convolutions of a dog and rendered him aphasic. Once only it tried to bark, but failed.

In 1836, M. Dax advanced the theory that the faculty of language existed in only one side of the brain (the left) and not in both. He based his opinion on the fact that in very near two hundred cases of aphasia attended with paralysis there was right hemiplegia. Some authorities have brought forward cases in which there were extensive lesions of both right and left anterior convolutions without loss of speech. M. Aubustier met them by stating that where there was such extensive injury, without impairment of speech, the organ of speech itself was not involved. Charcot, Trousseau, and many other French authorities locate the faculty of articulate language in the left side of the brain. Broca goes so far as to locate the organ of language in the posterior portion of the third anterior frontal convolution of the left hemisphere.

Dr. Hammond says: "That while the more frequent occurrence of right hemiplegia in connection with aphasia is in great part the result of the anatomical arrangement of the arteries which favors embolism on that side, there is strong evidence to show that the left side of the brain is

more intimately connected with the faculty of speech than the right." Anatomical research has proven to us that the left hemisphere is more rapid in its development than the right. This is due to its greater blood-supply, and its consequent greater nutrition. Intuitively and involuntarily we always use those portions of our bodies which are the strongest and the best developed. Therefore it is my belief that the organ of speech exists in both right and left anterior convolutions, but it is more frequently developed in the left than the right because of the earlier development of the left hemisphere, and consequently the earlier use of the left hemisphere.

Sometimes we may find an aphasic patient with left hemiplegia. I remember a case which I saw in New York in 1879. This patient had both ataxic and amnesic aphasia. An autopsy showed a patch of softening in the third anterior frontal convolution of the right hemisphere. The left hemisphere was perfectly healthy. The fact was incidentally established that the man had been left-handed. This fact gave birth to the idea that perhaps the situation of the organ of language had something to do with manual use.

I was then engaged in microscopy—resolved to turn my attention to the study of this particular idea, and see if it could be established that a man was right-handed or left-handed, coincident with the fact that he had the organ of language most developed in his left or right hemisphere.

I carefully dissected and microscopically examined three brains of three persons who had been right-handed. In two of them I found the gray substance thicker by several lines in the convolutions (anterior frontal) of the left hemisphere than in the right. There was greater blood-supply, the arterioles being much larger and more abundant. The white matter in the left hemisphere was yellower and firmer than in the right. I could get possession of only one left-handed brain. I found in this brain that there was very little if any difference between the two hemispheres. Owing to lack of material, I abandoned the subject for the time being, but had my attention called to it again by seeing a patient with Dr. G. Müller in St. Louis in 1882. This patient had both amnesic and ataxic aphasia with left hemiplegia. He was left handed. To prove conclusively that a person is left-handed or right-handed, as the the organ of language is situated in the right hemisphere or the

left would be extremely interesting. We know that an enormous percentage of men are right-handed, and we know positively that in an enormous percentage of aphasic patients the lesion is on the left side. Conversely there are comparatively few left-handed people, and comparatively few aphasic patients in whom the lesion is found to exist in the right hemisphere.

I am inclined to believe that the left hemisphere in the vast majority of brains is the seat of the faculty of articulate language. There is a certain proportion of brains which has this organ most developed in the right hemisphere, and in some brains it is undoubtedly developed equally in both hemispheres. That both hemispheres, so far as speech is concerned, may work entirely independently of each other, is clearly shown by a number of cases of extensive lesions in one or the other hemispheres without speech derangement. Numerous necropsies have shown this fact time and again.

I will not take up space to substantiate this fact by citing cases or copying the reports of autopsies. The attention of the reader is called to the works of the numerous authors whose names are mentioned in the first part of this article, where reports of various cases are minutely detailed. There are now many accepted truths which were at first only theories based on grounds much more unsubstantial than these which I have put forward to show that man is right- or left-handed, as the organ of articulate language is situated in the left or right anterior frontal convolutions. Is it merely surmise on my part? In two cases of aphasia, with the lesion in the right hemisphere, as was shown by autopsy, the patients had been left-handed. Was this only a coincidence?

LOUISVILLE, KY.

Miscellany.

PRECAUTION AGAINST CHOLERA.—The Philadelphia Sanitary Protective League, by order of Wagner Hygiene Association, has issued the following timely circular:

In view of the probability that cholera will visit our shores before long, and the need of stimulating and sustaining the health authorities in their efforts to guard the city's health, it seems desirable, as a matter of public safety, and in imitation of the course

taken in other cities abroad and at home, to call upon all good citizens to unite in an organization which can watch over and protect the lives of the people of Philadelphia.

The money loss which would result from the presence of cholera in Philadelphia would be incalculable. Thousands of our own people would hasten to leave the city, while strangers would fear to come here. Every line of business would suffer, and millions of dollars would not represent the injury to trade and commerce.

The necessity of volunteer organization to assist in sanitary work seems imperative. Preventive measures are wisest and most economical. It will not do to wait until cholera is reported in some of the alleys, courts, or cheap lodging houses, where "crowd-poisoning," prevails, but we must take time by the forelock, and by a general cleansing up of the city—within doors and without—exclude infection or make certain that it can be stamped out, should it gain an entrance into the city.

The Philadelphia Sanitary Protective League proposes to render such aid as lies in its power to advance the health of the city of Philadelphia and vicinity and to ward off epidemics:

1. By sustaining and stimulating the health authorities in their work.
2. By improving the sanitary condition of our own houses.
3. By looking out for the safety of employes and dependents.
4. By a system of free lectures to the poor.

No pecuniary obligation is incurred by joining the League, as its work can be carried on at small outlay, and this, in the main, has been provided for. What is wanted most is a body of members, who will support, by their voice and influence, measures necessary for the preservation of the public health. All those willing to connect themselves with the League will please send their names and addresses to the main office, 2,246 Ridge Avenue.

Branch committees will be established in each ward of the city, whose actions will be directed by an executive committee, with an advisory council of lawyers and sanitarians.

John V. M'Geoghegan, 426 Walnut Street, Legal Adviser.

C. C. Vanderbeck, M. D. Ph. D. 2,246 Ridge Avenue, Secretary of Executive Committee.

CAFFEINE AS A SUBSTITUTE FOR DIGITALIS.—Dr. James Stewart, in an article in the Canada Medical and Surgical Journal, says: In the form of a double salt, as natrobenzoate or natro-cinnamate, its action may be summed up as follows:

1. It strengthens, slows and steadies a weak, fast, and irregular heart.
2. It quickly acts as a diuretic in cardiac dropsy, owing to its power of (a) raising the blood-pressure, and (b) of stimulating the secreting structures of the kidneys.
3. It is of marked use in the same class of cases as digitalis is. It differs, however, from this drug, in the following particulars: (a) It is less powerful as a cardiac tonic; (b) it is a more powerful and prompt diuretic, and for this reason it gives relief quicker from all the troublesome subjective symptoms of cardiac failure.

It is probable that results obtainable from neither of these drugs, when given singly, could be brought about if caffeine was given first and its effects kept up until the cumulative action of digitalis could be made manifest. By combining the power of digitalis with the rapidity of action of caffeine we may get the advantages of both drugs with little of the disadvantages of either. There is no published evidence relating to these points, however.

Dose and mode of administration of caffeine. The dose of any of the double salts should not exceed thirty grains in the twenty-four hours, this quantity being equal to about twenty grains of the pure alkaloid. Usually half the above dose will answer all purposes. The double salts are prepared by Merck, of Darmstadt, but have not as yet found their way to this side of the Atlantic. They, however, can be prepared extemporaneously. The following formula contains in each tablespoonful about one gram (fifteen grains) of caffeine:

Caffeine,	15.00 (gr. 230);
Benzoate of Soda, . . .	15.00 (gr. 230);
Water,	250.00 (℥ viij).

The doses of caffeine (two or three grains) usually ordered are quite inadequate to act either as diuretics or cardiac tonics.

TRACHEOTOMY WITHOUT A TUBE.—The danger and inconvenience connected with the tracheotomy tube *per se* are sufficiently great to have aroused a desire for some device which would obviate them. The matter was the subject of discussion before a late meeting of the Philadelphia Academy of Medicine. Dr. J. B. Roberts said he

had had so much difficulty in keeping the tube clear that he had discarded it entirely, and instead cut out a rectangular piece of the trachea and stitched the edge of the opening to the skin. He found this to answer better than the double cannula, which is liable to become choked with secretion. Dr. Packard had operated in this manner, but feared to adopt it as a general rule, lest constriction of the trachea occur through cicatrization of the opening on healing. He instanced one case in which this had occurred. He thought the testimony in favor of tracheotomy without a tube was, however, very strong. Dr. J. H. Brinton recalled two cases in which the tube had been dispensed with. The membrane was readily ejected, and there was far less trouble than from the tube. Both cases, however, died from the diphtheritic infection. Dr. Nancrede regarded the danger from ulceration from the irritation of the tube as sufficiently great to warrant the adoption of such a substitute for it as had been suggested, and the sentiment of the meeting was in favor of according a trial to the method of performing tracheotomy which should dispense with the cannula.—*Medical Age*.

PERMANENT ANTISEPTIC MEDICATION.—Prof. Emarch, of Kiel, in concluding a paper on permanent antiseptic dressing (*Weiner Medical Presse*), read before the Congress at Copenhagen, says:

1. In all wounds, whether produced accidentally or by the hand of the surgeon, the most desirable result is *the healing by first intention*.

2. This sort of healing can always be obtained by *keeping the infectious substances absolutely away from the wound, and the wounded part at rest*.

3. As the renewal of the dressing disturbs the wounded parts, and exposes them again to the danger of infection, we can see that a *permanent medication* (that is, one which can remain *in situ* until the complete cure of the wound) is the best of all.

4. If it is desired to avoid the renewal of the dressing before the cure has occurred, it is necessary to cleanse, close, and dress the wound in such a manner that *no exciter of putrefaction nor any foreign body remains in the wound, and that no blood and secretion of the wound be retained in any place*.

Therefore the principal conditions of success are, (a) A complete *hemostasis*; (b) *to avoid that any cavity is formed inside the*

wounds; (c) to see that there be a *free exit* to all the secretions of the wounds; (d) very accurate *asepsis* and *antisepsis*; (e) the use of *compressible material for the dressings*, which *will absorb* the liquids; (f) immobility of the wounded part.—*Chicago Medical Journal and Examiner*.

DISINFECTANTS. — Dr. G. H. Rohé, in speaking of chlorine, bromine, and iodine as disinfectants (*Medical Chronicle*) says from a study of these substances the following conclusions seem to be justified:

1. Chlorine is an efficient disinfectant when present in the proportion of one part in one hundred, provided the air and the objects to be disinfected are in a moist state and the exposure continues for upward of one hour.

2. Chlorine, when used in sufficient concentration to act as a trustworthy disinfectant, injures colored fabrics and wearing apparel.

3. Bromine is an efficient disinfectant in the proportion of one part in five hundred, provided the air be in a moist state and the exposure continues for upward of three hours.

4. Iodine in solution is an efficient disinfectant in the proportion of one part in five hundred, the exposure continuing for two hours.

5. The use of chlorine, and in a greater degree of bromine, requires considerable experience in management; when carelessly handled they may cause inconvenient or even dangerous symptoms in persons using them; for these reasons they are not suitable as disinfectants for popular use.

HEALTH IN MICHIGAN FOR JANUARY, 1885. From a carefully prepared report by the Secretary of the State Board of Health, Dr. H. B. Baker, it is seen that for the month of January, 1885, compared with the preceding month, that throughout the State pneumonia, erysipelas, neuralgia, tonsillitis, influenza, and consumption of lungs increased, and that diarrhea, typho-malarial fever, and remittent fever decreased in prevalence.

Compared with the average for the month of January in the seven years, 1879-1885, neuralgia and erysipelas were more prevalent, and pneumonia, diphtheria, intermittent fever, measles, dysentery, remittent fever, and scarlet fever were less prevalent in the month of January, 1885.

For the month of January, 1885, com-

pared with the average of corresponding months for the seven years, 1879-1885, the temperature was lower, the absolute humidity and the day and night ozone were less, and the relative humidity was more.

Including reports by regular observers and others, diphtheria was reported in Michigan in the month of January, 1885, at forty-two places, scarlet fever at thirty-seven places, measles at four places, and smallpox at one place.

ELECTRICITY AS A STIMULUS IN CARDIAC AND RESPIRATORY FAILURE.—In a paper read before the New York Academy of Medicine on Electricity as a Stimulus in Cardiac and Respiratory Failure, Dr. Gaspar Griswold arrives at the following conclusions:

1. Electricity can not be applied clinically in such a way as to stimulate the heart, literally speaking.

2. The application of one pole to the neck and the other to the precordial region stimulates the pneumogastric, and may kill.

3. The stimulation of the phrenic nerve necessarily involves the stimulation of the pneumogastric, on account of their proximity in the neck.

4. The liability to stimulate the pneumogastric is not great in aconite, ether, or opium poisoning, on account of the paralysis of that nerve caused by these drugs.

5. In heart failure from chloroform or the injection of morphia into a vein the application of electricity to the neck is strongly contra-indicated.

6. Under no circumstances should a current strong enough to excite muscular contraction be applied suddenly over the neck.

OVARIOTOMY.—From a clinical study of three cases, Dr. Steele (*Chicago Medical Journal*) concludes as follows: (a) Always count your sponges. (b) Absolute cleanliness is more important than absolute Listerism. (c) Peritonitis coexisting is not a contra-indication for either tapping or operation. (d) Cystic fluid left in peritoneal cavity is dangerous and likely to cause pyemia; blood is probably innocuous. (e) A rubber blanket with a fenestrum cut in its center through which to operate, and fastened to the belly by a circular adhesive, is useless to prevent the cystic fluid from running over the patient and operating table, as the plaster is usually accidentally pulled off by turning the patient over dur-

ing a fit of vomiting, or by some over-zealous spectator, who seeks to guide the flow of fluid from its folds to the tub or receptacle; better far omit it, and use small tin basins that can be readily changed as needed. (f) Each case calls for special judgment and individual attention to every detail.

THE Medical Record of March 7th says that General Grant is suffering from an epithelioma. The ulcerated surface is small in extent and limited to the right pillars of the fauces, the anterior one being perforated at its base. The adjoining side of the root of the tongue is indurated to a slight extent, as are also the neighboring glands under the angle of the jaw on the right side. In the roof of the mouth, along the line of the hard palate, are three warty-like excrescences. All other parts of the throat are free from any abnormality. The General also suffered from pain in the ear of the same side, but the local application of cocaine has relieved this. Beside this he has been given the fluid extract of coca internally, and iodoform is dusted over the ulcerated surface. The disease is not, however, as extensive as is generally believed, the published reports having been much exaggerated.

CHLORATE OF POTASSIUM TO PREVENT ABORTION.—Dr. E. S. McKee, in a paper read before the Cincinnati Academy of Medicine (Lancet and Clinic, February 14, 1885), reports the case of a woman who had aborted ten times in succession, twice by one husband and eight times by another. In every instance the abortion occurred between the fifth and eighth month. On examination no local uterine disease could be found, and no history of syphilis could be obtained. She said that one doctor who had attended her before had said that "the after-birth was nothing but a chunk of fat." She was placed on fifteen grains of the chlorate of potassium three times a day. This was continued until labor took place, and she was delivered of a healthy child. In the following pregnancy the same treatment was followed with a like result.

MEDICAL ADVICE BY TELEPHONE.—*Husband*—"My wife has a severe pain in the back of her neck, and complains of a sort of sourness in the stomach."

Physician—"She has malarial colic."

Husband—"What shall I do for her?"

[The girl at the "central" switches off to a machinist talking to a saw-mill man.]

Machinist to Husband—"I think she is covered with scales inside about an inch thick. Let her cool down during the night and before she fires up in the morning take a hammer and pound her thoroughly all over, and then take a hose and hitch it to the fire-plug and wash her out."

Husband has no further need of this doctor.—*Leonard's Medical Journal*.

IN a recent number of the British Medical Journal Mr. Keith reports thirteen cases of hysterectomy with a single death. He has entirely discarded the carbolic spray, in speaking of which he says: "In truth there is nothing in all my work that has so thoroughly broken down with me as the carrying out of the so-called 'perfect Listerism' in the surgery of the abdomen by means of the carbolic spray. I expected much, but have got nothing after years of vexation and disappointment, and I am now very much where I was before I ever heard of it."

DR. H. D. CHAPIN, in the Medical Record, recommends the following as a solvent of the false membrane in cases of diphtheritic croup:

R Ext. pancreatis, gr. xv;
Sodii bicarb., gr. iij;
Glycerine, ʒ j;
Aqua dest., ʒ vij.

M. Sig: Use as a spray to the throat every fifteen minutes.

THE Sanitary Council of the Mississippi Valley met in New Orleans on the 10th instant. Twenty-five members, representing ten States, and Dr. C. A. Hodges, Medical Director of the United States Navy, were present. Dr. C. A. Hall, of the Louisiana State Board, made the address of welcome, to which the President of the Association, Dr. David F. Hadden, made fitting response.

RECENT telegrams state that Gen. Grant is in a more comfortable and hopeful condition than heretofore reported. To the withholding of anodynes and a resort to stimulants and nutritive fluids are to be credited the good result.

A SATURATED SOLUTION of hydrochlorate of cocaine in nitric acid is said to make a painless caustic.

The Louisville Medical News.

Vol. XIX. SATURDAY, MARCH 14, 1885. No. 11

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OLEATE OF COCAINE.

At a recent meeting of the Fifth District Branch of the New York Medical Association, a report of which may be found in the Philadelphia Medical News of March 7th, Dr. E. R. Squibb, of Brooklyn, read a paper upon the properties and uses of the oleate of cocaine.

In view of the very discrepant and unsatisfactory results so far reported from the use of cocaine in aqueous solution upon the skin, Dr. Squibb was led to search for some preparation of the drug which by virtue of its chemical construction or the vehicle of its exhibition would give it certainty of action in the wide field of cutaneous therapeutics. A great, if not insuperable, obstacle to the successful introduction of medicine into the system by way of the skin is the thick, horny epidermis, whose function is protective, not only against the normal friction of our environment but also against such agents as seek to enter the economy by absorption. In being set for this function the skin is quite the opposite of mucous membrane, and while the latter readily responds to cocaine in aqueous solution the former may be said, in spite of some faint testimony to the contrary, to resist its action

in toto. There being "no possibility of finding a liquid which would pass through the epidermis with the same rapidity as the watery solution through the epithelium," it occurred to the author "that if a preparation could be obtained which could pass one seventh as fast, and if it were made seven times as strong, the conditions would seem to be met for making as successful application to the skin as to the mucous membrane at present."

In consequence of the scarcity of the drug Dr. Squibb was unable to make any practical researches in this direction until February 1, 1885, after which time he arrived by various steps of experimentation at the conclusion that the preparation giving the most reasonable hope for success would be a twenty-five-per-cent solution of cocaine in oleic acid. This is about seven times as strong as the ordinary four-per-cent aqueous solution of cocaine as sold in the shops. It is a very expensive preparation, costing six dollars per fluid dram; but since it may be employed in very small quantities, a drop or two only being required for exhibition, the cost is no serious drawback to its use.

After a considerable number of test experiments he was compelled to regard the action of cocaine oleate upon the sound skin as practically *nil*. Applied to mucous surfaces, however, as the glans penis, anus, etc., and possibly as a relief for trigeminal neuralgia (in which affection it had not yet been tried), it gave promise of usefulness. The appearance of Dr. Squibb's article in full, which will probably be published in the next issue of the *Ephemeris*, will be awaited with interest, since it contains the first searching test of the properties of this new preparation. Although he was first to suggest it the readers of the *News* are aware that Dr. Squibb was not the first chemist to prepare the oleate. In our issue of January 3, 1885, reference is made by Dr. W. Cheatham to the fact that it had already been made by Mr. J. A. Flexner, of this city, and during the month of

January we had ourselves prescribed it with fine effect for the relief of an intolerable pruritus ani in one instance, and for a painful eczema of the vulva in another. In these cases its effects were lasting to a comforting degree, it not being necessary to anoint the parts oftener than once in three or four days.

The preparations of cocaine oleate so far presented by various manufacturers have little or none of the characters of the definite chemical compound which the name implies. They represent a certain percentage of the alkaloid dissolved in a large excess of oleic acid. In the opinion of Dr. Shoemaker* such preparations are objectionable; being not only very expensive, but indefinite, unstable in character, and unreliable in therapeutic action. Free oleic acid, like most other acids, is possessed of corrosive properties, and any free or continued use of a preparation holding it in excess will soon destroy the tegumentary structures to which it is applied.

This serious objection to the exhibition of the oleates now in the market is happily surmounted since Mr. Flexner has succeeded in preparing a real oleate of cocaine, in which the alkaloid and the acid radical are in true chemical union without excess of either.

This neutral salt may be reduced to a ten- or five-per cent solution or mixture in any suitable menstruum, and, being free from irritating properties, is presented in the best possible form for exhibition. Its properties have not as yet been tested by any extended series of experiments; but evidence is not wanting of its power to induce local anesthesia even upon the unabraded skin, while its action upon mucous surfaces is all that can be desired.

Reasoning by analogy, the oleate of cocaine should be an agent of real worth in all painful cutaneous affections; but in view of the stubborn resistance of the skin to non-volatile substances, it will doubtless be

necessary to favor its absorption by means well recognized in skin therapeutics, such as prolonged friction, soaking, or the washing of the skin with soap and ether to remove oily accumulations. The oleate by this means may not be made to penetrate the epidermis, but it is not impossible that it may pass in through the sweat glands, which are supposed to be the avenues of entrance for the oleates of mercury, arsenic, etc., which, in skillful hands, have recently proved so efficacious by the epidermic method of application.

But even if it fail here, there seems to be no reason why the preparation should not be of substantial service in all painful or prurient skin affections in which the epidermis is fissured or abraded; and until the dermatologists shall give it full trial in this line of cases, Dr. Squibb's statement that "except for certain special applications (as to the glans penis, anus, etc., and possibly for the relief of trigeminal neuralgia) the oleate of cocaine must be pronounced a useless preparation," should be taken with due allowance.

KOLLERISM.

In a paper read recently before the Montgomery County (Ala.) Medical and Surgical Society, Dr. B. J. Baldwin proposes to introduce the words, *Kollerization*, *Kollerism*, and *Kollerized*, as not only convenient terms for expressing anesthesia by means of cocaine, but as a just and fitting means for doing honor to the discoverer of the anesthetic properties of the drug, and immortalizing his name.

Dr. Baldwin has the warrant of high authority and time-honored usage for this suggestion, and those who in future shall write concerning the anesthetic uses of the drug will do well to test the new coinage, which, if found worthy, will soon pass into universal circulation. He reports fifty ophthalmic operations, all of which were done under cocaine.

*The Oleates and Oleo-Palmitates in Skin Diseases. John V. Shoemaker, A. M., M. D., of Philadelphia, Pa. Detroit: George S. Davis, Medical Publisher. 1883.

Bibliography.

The Brain and the Nerves: Their Ailments and their Exhaustion. By THOMAS STRETCH DOWSE, M. D., F. R. C. P., Fellow of the Medical Society of London, etc. New York: G. P. Putnam's Sons. 1884. For sale by John P. Morton & Co.

This book is a handsome octavo of 150 pages, and in the best style of its famous publishers. Its author has long been known to the world as an able writer and master in neurology. Much, therefore, was expected upon the announcement of a new work from his pen, and the popularity of the first edition gave evidence that the author had kept pace with expectation. This edition was exhausted in a few months, and a new one had to be hastily prepared to meet the demands of the profession.

The work is essentially a treatise upon neurasthenia, which, in the opinion of the author, is a study almost completely ignored by the profession at large, but of prime importance in the management of nervous affections, since so many of these take origin in nerve exhaustion. He treats the subject from the stand-point of the practical physician, wisely, shrewdly, and in the spirit of true science. The pathology of the affection, so far as it can be, is duly set forth, but the major portion of the book is devoted to a study of symptoms, abstractly and by a careful analysis of cases, with many wise suggestions as to the all-important question of treatment.

The author writes with ease and power, and suffers not the interest of the reader to flag in any paragraph of the work. That such a book should be widely popular is a necessary consequence of its construction; that its study will result in great good to a very large and much neglected class of invalids can not be denied.

A Text-book of Hygiene. A Comprehensive Treatise on the Principles and Practice of Preventive Medicine from an American Stand-point. By GEORGE H. ROHÉ, M. D., Professor of Hygiene, College of Physicians and Surgeons, Baltimore. Baltimore: Thomas & Evans. 1885.

This book has been framed to meet what seems to have been till now a want in our medical schools. Our standard treatises upon hygiene, though admirable, are too elaborate to serve the student as class manuals, while many of the condensed works intended for this purpose fall far short of the

student's need. In the construction of this work Dr. Rohé has attained the happy mean, and, while drawing freely from contemporary hygienic literature, he has been able through his own large experience as a practical sanitarian to give the book an original cast. It will doubtless be adopted as a text-book by many of our medical schools.

Mind in Nature: A Popular Journal of Psychical, Medical, and Scientific Information. Vol 1, No. 1. \$1.00 per annum. Chicago, March, 1885. Published Monthly by the Cosmic Publishing Company, J. E. WOODHEAD, Manager, No. 171 Washington Street, Chicago, Ill.

The object of "Mind in Nature" is to furnish, in a popular manner, information regarding psychical questions, the relations of mind to the body and their reciprocal action, with special reference to their medical bearings on disease and health, and to give the most striking and interesting facts and discoveries of science.—*Prospectus.*

The publishers have secured the services of a long list of able contributors, and bid fair to make good every promise of the prospectus.

Fifteenth Annual Report of the Manhattan Eye and Ear Hospital, with Throat and Nervous Department. No. 103 Park Avenue, South-east Forty-first Street, New York. 1884.

This report shows the amount of work done in the hospital during the year. The number of patients treated outnumbers those of the previous year by about one thousand. The report also announces that the institution is now free of debt, thus securing for the free treatment of the poor the most complete hospital devoted to this department of our art in the world.

The Physician Himself. By D. W. Cathell, M. D., Baltimore, Md. The third edition of this very popular book has been exhausted, and the fourth is now in press. The new edition is said to be greatly enlarged and improved.

Bulletin of the Compagnie Generale Transatlantique. United States, Mexican, West Indian, and Mediterranean Mail Steamship Services. Company's Office, Woolpack Buildings, 3, 4, and 5 Grace Church Street, and 122 Pall Mall, London.

Vital Statistics in Tennessee. A Report by J. D. Plunkett, M. D., of Nashville, Tennessee, Member of the State Board of

Health and its Committee on Vital Statistics. Reprinted from the Second Report of the State Board of Health. 1885.

Report of Committee on School Hygiene in Tennessee. By Daniel F. Wright, M.D., of Clarksville, Tennessee, Member of State Board of Health, and Chairman of its committee on the subject. Reprinted from the Second Report of the State Board of Health. January, 1885.

The Treatment of Diseases of the Skin by Novel Means and Methods. A paper read before the Section of Dermatology and Syphilis at the meeting of the International Medical Congress at Copenhagen, August, 1884. By John V. Shoemaker, A.M., M.D., Lecturer on Dermatology at the Jefferson Medical College, etc., Philadelphia. 1884.

The Oleates: Further Investigation into their Nature and Action. Introduction to a Discussion in the Section of Pharmacy and Therapeutics at the Fifty-second Annual Meeting of the British Medical Association, Belfast, July, 1884. By John V. Shoemaker, A. M., M. D., Lecturer on Dermatology at the Jefferson Medical College, etc., Philadelphia. 1885.

We have received from the Illustrated Medical Journal Company, of Detroit, Michigan, several sets of their perforated adhesive medical journal labels. The list includes, besides the journals of the United States that are devoted to medicine, pharmacy, and hygiene, those of the provinces of Canada as well. Four complete sets will be mailed postpaid for fifty cents on addressing the publishers above named. They will prove useful to the physician in addressing his reprints for journal notice, and to medical colleges in mailing their announcements to the journals.

A Practical Treatise on Palatable Prescribing: Containing the Favorite Formulary of the most eminent English, French, German, and American Medical and Surgical Authorities of the Age, and embracing a Resume of the most Eligible Prescriptions for the Administration of Recent Additions to the Materia Medica. By B. W. Palmer, A. M., M. D., author of "Favorite Prescriptions of Distinguished Practitioners," Member of the New York County Medical Society, of the New York Medico-Legal Society, etc. In one handsome octavo volume of about 150 pages, flexible cloth. Price, \$1.00. Sent post-paid on receipt of price. George S. Davis, Publisher, P. O. box 470, Detroit, Michigan.

New Remedies.

Conducted by Simon Flexner, Ph. G.

NEW HYPNOTICS: PARALDEHYDE AND PISCIDIN.—Of hypnotics, pure and simple, we can not be said to have a few. With the discovery of each new agent for the production of sleep has succeeded the hope that at last we had gained the object of our desires. It is needless to say that heretofore this fond hope has not been realized. At present it seems likely to be. Chloral, at first awarded the first place among supposed harmless agents, has fallen into disgrace; and it now seems highly probable that the resulting void will be admirably filled by the newly-introduced *paraldehyde*. In the NEWS of January 24, 1885, we attempted to make clear the chemistry of this compound, and in the present note we wish only to draw attention to some later clinical reports, highly favorable, bearing on the subject. Dr. Marselli, of Florence, after a trial of the paraldehyde in three hundred and thirty cases, makes the following report:

"It produces a quiet sleep, closely resembling the physiological state, without previous excitation or succeeding headache. It acts in half an hour. Circulation and respiration are not more influenced than in natural sleep, digestion is unimpaired, cardiac action remains unaffected. . . . In these respects paraldehyde is superior to chloral hydrate, which depresses, as is well known, the heart considerably."

Peretti found that in health a dose of from forty-five to ninety grains induced a sleep of twenty-four hours' duration, without previous excitement or succeeding unpleasantness of any kind. Later experimenters, almost without exception, confirm these favorable reports, and it seems probable that failure, when it took place, was due to the smallness of the dose administered rather than to want of activity on the part of the medicine.

Of the second of the above-mentioned hypnotics, piscidin, less, probably, is known. Still, in the form and with the preparations of the parent drug we are somewhat familiar. The Jamaica Dogwood (*Piscidia erythrina*), it will be remembered, was introduced some years ago as a hypnotic, and after a lull in its use it has again come prominently forward.

Dr. Frönmüller, from whose paper the above reports on paraldehyde are abstract-

ed, reports favorably on the action of the several preparations, fluid extract, extract and resinoid, of the piscidia, but gives preference to the more definite principle, piscidin. The fluid extract, in doses of seventy-five drops, and the extract in doses of from two to four grains, gave satisfactory results. The glucoside in one-half-grain doses proved very efficient.

Correspondence.

STATE MEDICAL SOCIETY OF ARKANSAS.

Editors' Louisville Medical News:

On account of the meeting of the American Medical Association at New Orleans on the 28th of next month, and the large number of members of the State Medical Society who desire to attend both meetings, after consultation with the officers of the State Medical Society and the Committee of Arrangements at Fort Smith, it has been deemed advisable to change our place of meeting from Fort Smith to Little Rock. Therefore the tenth annual session of the State Medical Society of Arkansas will be held at Little Rock, on Wednesday, Thursday, and Friday, April 22d, 23d, and 24th, commencing on Wednesday, at 10 A. M.

Each county or municipal society shall be entitled to one delegate for every five members, and one for a fraction over five.

"The several committees shall report annually, through their chairmen, respectively, upon the specific subjects to which they have been appointed. It shall be the duty of each committee to make a full and complete report to the Society of all matters, business, etc., that properly comes before or presents itself to them upon each particular branch or section." (Art. ix, Sec. 2, Constitution.)

Committees will report at the meeting upon the following topics:

Committee on Medical Education, W. N. Yates, chairman.

On Practice of Medicine, J. J. McAlmont, chairman.

On Surgery, W. B. Lawrence, chairman.

On Gynecology, R. S. Wallis, chairman.

On Medical Legislation, Z. Orto, chairman.

On Necrology, D. S. Mills, chairman.

On Publication, L. P. Gibson, *ex officio*, chairman.

On State Medicine, W. W. Hipolite, chairman.

Board of Visitors to the Medical Department of the Arkansas Industrial University, J. M. Keller, chairman.

Delegates to American Medical Association, P. O. Hooper, chairman.

Special Committee on County and Municipal Societies, L. P. Gibson, *ex officio*, chairman.

Any member who may desire to present a paper will confer a favor by sending immediately the title of the same, with a very short synopsis, to the Secretary, so that a full programme may be prepared and sent to the members at least two weeks before the meeting, thus enabling them to prepare for the work that is to be done.

Secretaries of local societies are requested to forward as soon as possible a list of the delegates. Arrangements will be made by which reduced rates can be obtained by all who attend the meeting. Hence, those who intend to be present, whether already members or not, will please notify the Secretary at once, so that a certificate may be sent them in order to obtain the reduction.

Members who desire to attend the American Medical association at New Orleans will please notify me as soon as possible so that arrangements may be made for reduced fare, etc.

L. P. GIBSON, M. D., *Secretary*.

LITTLE ROCK, March 5, 1885.

TINEA DISCRETA.

Editors' Louisville Medical News:

I have noticed accounts of a peculiar and intractable form of "itch" appearing extensively in your city. Does the inclosed clipping from the Medical Age describe the affection with which your people are affected?

PREVALENCE OF SCABIES.—I wish to inquire of the readers of the Age whether they have met this winter with an unusual number of cases of itch, and also of a peculiar papular and partially vesicular eruption quite closely resembling the itch? I had seen but two cases of the itch in fourteen years until two months ago, since which time I have treated upward of twenty cases—nearly all of them occurring in good families where order and cleanliness prevail. They have readily yielded to treatment; but not so with the other disease that somewhat resembles the itch. It is situated mostly on the inside of the arms and thighs, and also on the chest, but is also occasionally found on wrists, ankles, neck, hands, back, and abdomen. It is slightly confluent, and forms irregular patches.

Small scabs form from scratching, which is occasioned, especially at night, by intense itching and burning. When once scratching has been indulged in the tendency to continue seems irresistible.

ible. This pruritic element and its general appearance would seem to place it as a lichen. . But under a lens the papules and vesicles are not symmetrical like those of lichen; besides, it has the peculiarity of attacking whole families of all ages. Internal treatment by arsenic, and external applications of carbolic acid, zinc, bismuth, and tar, variously used, have so far given rather slim results. Alkaline baths give a considerable relief for a day or so.

I learned from a traveling drug agent that there are numerous cases of such a disease in the central and northern part of the State. If such be the case I hope my brethren will let us hear from them on the subject through the columns of the Age.

M. R. MORDEN, M. D.

ADRIAN, MICH., Jan. 20, 1885.

If so, it is a disease that is prevailing extensively in all of our north central States. Columbus has had its share, and for a year past I have made a study of the disease. The results of this study I have embodied in a thesis, which is at present in the hands of Prof. Louis Duhring, and which will appear in print at an early date.

The disease is due to the presence of a parasitic fungus, the description of which will appear in my thesis. None of our authorities on skin diseases describe this affection—which I have tentatively named *tinea discreta*—although it has prevailed to a greater or less extent for the past twenty-five years.

The nature of the disease readily suggests the mode of treatment: a thorough bath with hot water, and a strongly alkaline soap; then some parasiticide lotion, preferably a four- or five-grain solution of the mercuric bichloride, applied to the affected parts. Sulphur and its compounds are often equally effective. From the fact that the clothing is infected with the spores it is best to subject such as can be so treated to the prolonged action of boiling water; other clothing may be sprinkled and ironed with a very hot iron.

The tendency to relapses must be met by a timely application of the lotion, for although a case may be apparently cured by the first few applications a few unaffected spores may remain, and by their development may cause a relapse. Continued treatment, however, will insure the destruction of the fungus and ultimate cure.

WILBUR F. HOYT, M. D.

COLUMBUS, O., Jan. 31, 1885.

Selections.

FLATULENCE.—Mr. T. Lauder Brunton, in the Lettsomian Lectures on disorders of digestion, delivered before the Medical Society of London (Medical Press and Circular), speaking of flatulence, says:

Flatulence is due to the presence of gas in the stomach and intestines, which sometimes rolls about, producing borborygmi, or escapes upward and downward, producing eructations or crepitations. If the pyloric orifice be closed, the gas from the intestine will not escape into the stomach, nor gas from the stomach into the intestine; but if the pylorus be open, gas may pass freely from the stomach into the intestine, and *vice versa*. An analysis of gas from the stomach shows that it consists to a great extent of nitrogen and carbonic acid, in much the same proportion as the nitrogen and oxygen of air. It is therefore probable that most of the gas in the stomach consists simply of air which has been swallowed, but from which the oxygen has been absorbed into the blood, and has been replaced by a corresponding quantity of carbonic acid. We are very apt to forget that, although the mucous membranes in man are much specialized, so as to perform a particular function most efficiently, yet their power is not entirely limited to the one function. The diffusion of oxygen and carbonic acid, just mentioned, through the walls of the stomach shows us that the gastric mucous membrane has, though to a very slight extent, a respiratory action; and it is possible that other gases may be absorbed, though to a slight extent, by the gastro-intestinal mucous membrane. Indeed, I need not say it is probable, because we know for a fact that sulphureted hydrogen may be absorbed in this manner. Some authors consider that the gastro-intestinal mucous membrane may secrete gas in large quantities. However this may be—and I think that it does not occur very frequently—it is probable that an interference with the absorption of gases may be a not unfrequent cause of flatulence.

In patients who suffer from malaria, attacks of indigestion are sometimes preceded for two or three days by a tendency to flatulence without any other symptom. This may simply be due to disturbance of the stomach and intestines alone; but still I am inclined to think that in these cases the disorder begins in the liver, and not in

It is stated that dram doses of the phosphate of sodium given three times a day is very useful in the treatment of gall-stones.

the stomach; the portal circulation becoming obstructed first, and the gastric mucous membrane becoming congested secondarily. After violent exertion, such as quickly running up stairs, or trying to catch a train, one may observe that, at the same time that the heart is palpitating rapidly and the breathing becoming short and difficult, there is a great tendency to flatulence. A similar condition is also found in patients with cardiac disease, and my friend Dr. Mitchell Bruce has called my attention to the frequency with which such patients complain of "heart-wind."

Another source of flatulence is the gas given off from the food in abnormal process of decomposition. The secretion of gastric juice in the stomach is deficient; the food will not be rapidly digested; the secretion, instead of being acid, is nearly neutral, or perhaps even alkaline, and fermentation may occur with evolution of gas. It is evident however, that considerable time is required to allow gas to be formed in any quantity in the stomach; and flatulence from this cause will not occur until some time after food has been taken. Gas, however, may pass into the stomach from the intestines and distend it, if the pylorus be open; and such distension may occur at any time, and is not necessarily dependent on the decomposition of food in the stomach.

I am inclined to think, however, that the most frequent cause of flatulence in the stomach is excessive swallowing of air. There is little doubt that boluses of food may be swallowed without air; but some fluids, especially those of a tenacious character, such as pea-soup and saliva, appear to carry down a good deal. Moreover, it appears to me that when a small quantity of saliva is swallowed at a time it does not completely fill the pharyngeal cavity, and that air is actually swallowed along with it. This does not matter—probably it is even beneficial—if it be not carried on to too great an extent. But we can easily see that, if a person goes on swallowing air after a meal is over, or in the intervals between meals, flatulent distension of the stomach may readily be produced. The conditions which give rise to frequent swallowing of air, so far as my observation goes, are, (1) a continued flow of saliva into the mouth; (2) a sense of irritation or tickling at the back of the throat; (3) a feeling of acidity in the stomach, and (4) a feeling of weight or oppression at the epigastrium or across the chest.

A PLEA FOR THE SPECIALIST.—Specialism is an established feature of modern medicine. It is something which can not be cried down, for already in the face of opposition and distrust it has steadily increased, and will surely continue to do so. It is not an artificial addition to medicine, but a natural and inevitable development. It has its dangers, against which we can utter warnings; it has its defects and insufficiencies, which should be pointed out. But to attempt to check its growth would not only be useless, but would work an injury to the profession. It is, perhaps, but fair to say that the principle advances in medical science to-day are being made by specialists, that these gentlemen are, as a rule, more thoroughly educated, more carefully trained, more persistent, industrious, and enthusiastic workers than is the average general practitioner. The specialist chooses for himself a life which involves hard work, the strife of active competition, and late rewards.

Undoubtedly there is danger in specialism, lest it lower the general standard of professional honor and dignity. All quacks are specialists, and alas! some specialists are quacks. There is danger to the patient, also, in the specialist's losing sight of the man in pedantic investigations of the "case." These are things which medical educators and a wise professional feeling should try to prevent. For they are incidentals, not essentials, of specialism, as the fact that the majority of the leaders of our profession to-day shows.—*Medical Record*.

STENOSIS OF THE LARYNX AND TRACHEA FOLLOWING TYPHOID FEVER.—Two hundred cases of this form of affection have been collected by Lüning, and he discusses at some length their pathology and treatment. It seems to begin as an ulcerative process in the various parts of the larynx, in the cartilage, perichondrium, or soft parts; sometimes it selects one part of the larynx, sometimes another. From the patient's own sensations and complaints it appears to be extremely difficult to arrive at a certain diagnosis. Often-times it is not discovered till the post-mortem; in other instances the expectoration of lumps of pus, blood-stained mucus, or pieces of cartilage, proclaim its presence and progress. In a few cases a hurriedly performed tracheotomy saves the patient's life. This operation seems to afford the best results by far, and is the only treatment of any real avail; for while out

of fifty-two patients only two recovered without operation, seventy-seven out of one hundred and forty-seven recovered after its performance. As a general rule the patient is compelled to wear a tube for the rest of his existence, as the stenosis is too great to admit of its removal, but in some cases it has been dispensed with even after one year.—*Centralb. f. Chirurg; Practitioner.*

THE TREATMENT OF THE UMBILICAL CORD. Credé and Weber, Leipzig, in the *Archiv. f. Gynäk.*, set themselves to answer the questions, How is bleeding from the divided cord to be obviated? and, How is inflammation and its results of the fetal portion to be prevented? In the first place, they state that they are dissatisfied with the ordinary methods of securing by tape or linen; but both from clinical experience and as a result of experiments made on cords post-partum, they recommend strongly the use of elastic ligatures, as suggested by Budin, and as used by them in Leipzig for the past eighteen months, with perfectly satisfactory results. The ligature used is two millimeters thick, and is tightly wrapped round the cord, tied, and again taken half round and retied. As by this means the operator can be perfectly certain that there will be no bleeding, the point ligatured should be close to the skin on the cord, as, according to the writers, the shorter the portion left attached to the child, the less chance is there of traumatic inflammation. The after-treatment simply consists in keeping dry wadding round the stump, and carefully drying after the child has been bathed. Since the above treatment has been followed in the Leipzig Maternity, there have been no cases of umbilical disease.—*Journal of the American Medical Association.*

ERGOT IN TYPHOID FEVER.—Dr. A. Grilliere, in his inaugural thesis, noticed in the *Un. Medicale*, gives the following conclusions: Without being a heroic remedy it is a very useful one in the treatment of typhoid fever. Its effects are analogous to those of quinine and cold baths. It is operative, especially in the congestive pulmonary and abdominal form, by virtue of its influence over blood stasis and diarrhea. It is antipyretic, its action in this respect being sometimes very rapid. It diminishes the frequency of the pulse and regulates the circulation. The ataxic and cerebro-spinal forms are surely modified by it. It can be employed during menstruation

without fear of accident. The dose varies much according to individuals; with some it is necessary to give 45 to 60 grains a day to obtain a therapeutic effect; in others a much smaller quantity may occasion circulatory troubles. The vomiting which the first doses sometimes excites is to be feared as a rule only during the first two or three days; should it persist the ergot may be replaced by injections of ergotine. It may be added that, as far as possible, the drug should be given in fractional doses, which permits better to watch the effect. There need be no fear of using it in children. The author cites 258 cases thus treated, with a mortality of 22, being a mortality of 8.5 per cent.—*Maryland Medical Journal.*

TOO EARLY REPETITION OF IODINE INJECTIONS IN HYDROCELE.—Professor Tillaux drew the attention of his class, at the Beaujon, to the danger of being in too great a hurry in repeating injections of iodine in hydrocele. It is only at the end of six weeks or two months that we can judge of the result of the first injection, and to interfere before this time is to expose oneself to induce the formation in the tunica vaginalis of those false membranes which are so vascular that they bleed on the slightest shock, and thus give rise to hematocele and the loss of the testicle.—*Med. Press and Circular.*

ACUTE PAPULAR ECZEMA (From the Medical Bulletin):

R. Ext. erythroxyli cocoæ, ʒij;
 Ungt. zinci oleatis, } āā ʒss.
 Ungt. aquæ rosæ, }

Sig. Apply to the part.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department of the United States Army, from March 1, 1885, to March 7, 1885:

Byrne, Charles C., Major and Surgeon, ordered to Dept. East, on expiration of present leave of absence. (S. O. 50, A. G. O., March 3, 1885.) *Woodruff, Ezra*, Captain and Assistant Surgeon, ordered for duty at Fort Maginnis, M. T. (S. O. 23, Dept. Dak., February 25, 1885.) *Porter J. Y.*, Captain and Assistant Surgeon, sick leave of absence further extended fourteen days on account of sickness. (S. O. 51, A. G. O., March 5, 1885.) *Ewing, C. B.*, First Lieutenant and Assistant Surgeon, having relinquished unexpired portion of leave of absence, ordered for temporary duty in the field. (S. O. 23, Dept. Mo., March 2, 1885.) *Raymond, Henry J.*, First Lieutenant and Assistant Surgeon (recently appointed), ordered for duty in Dept. California. (S. O. 50, A. G. O., March 3, 1885.)

Figure 1.

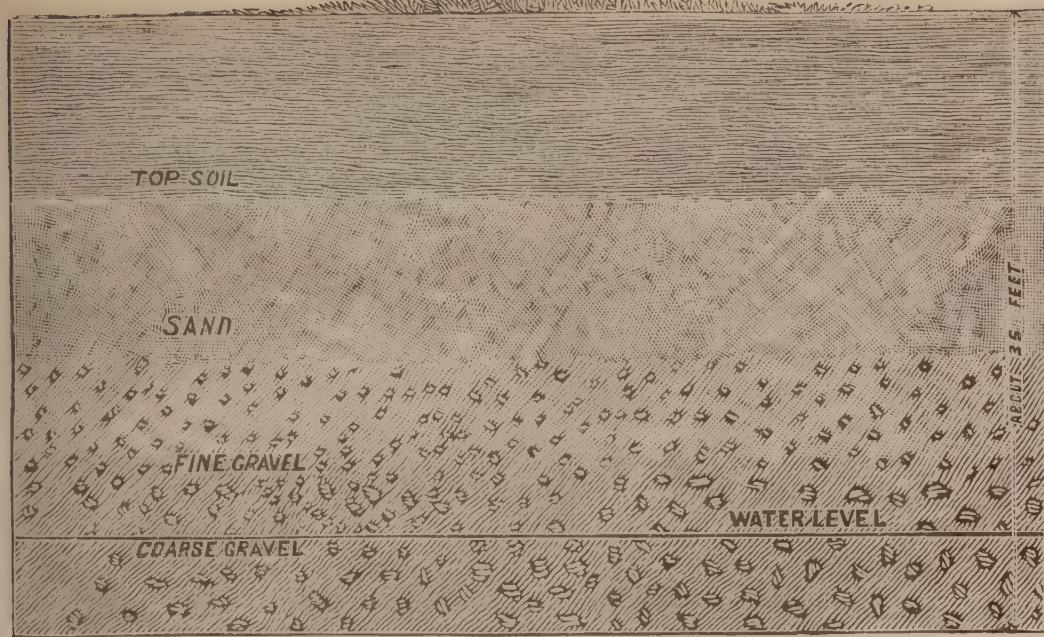


Figure 2.

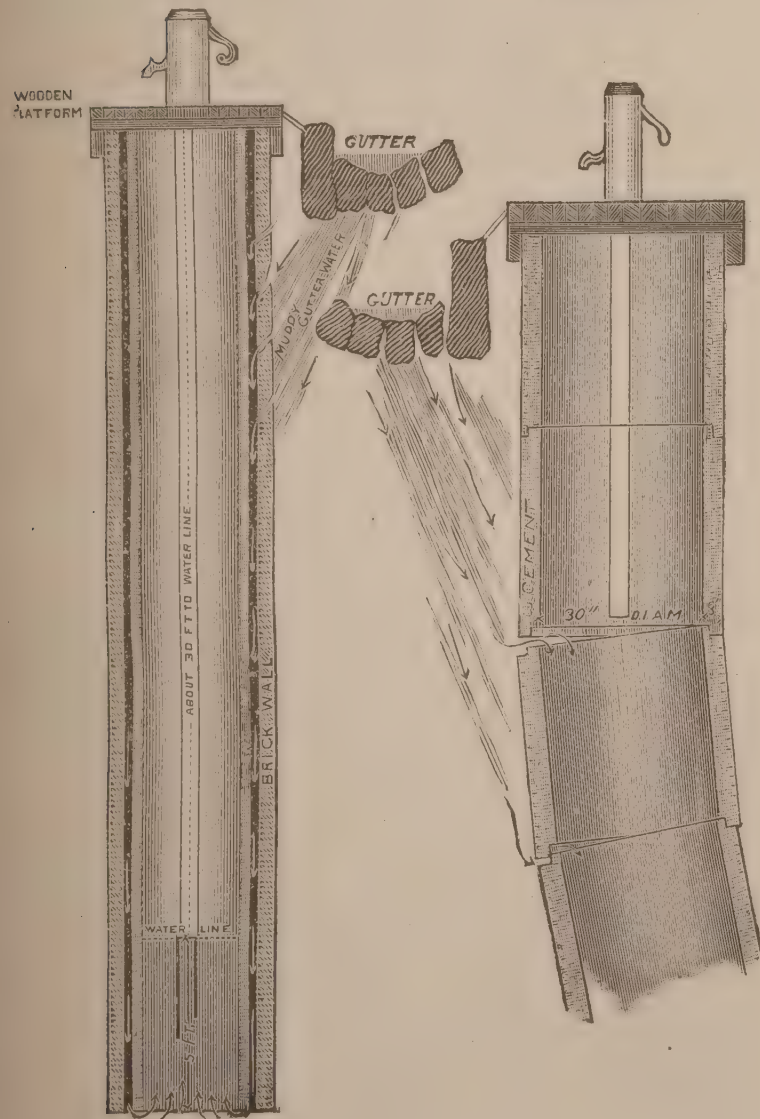


Figure 3.

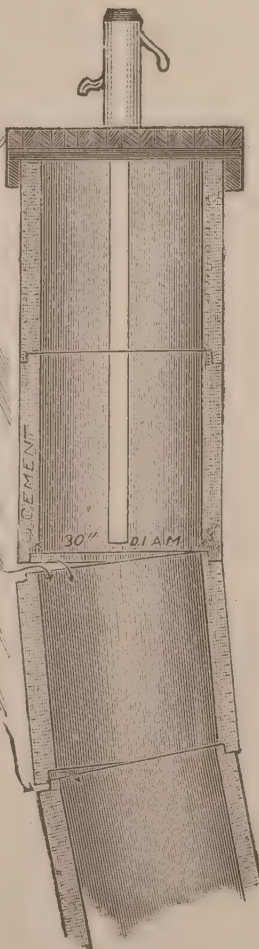


Figure 4.

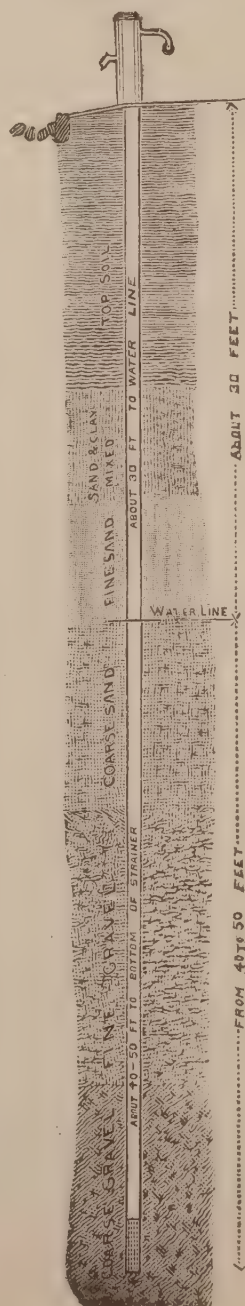


Figure 5.

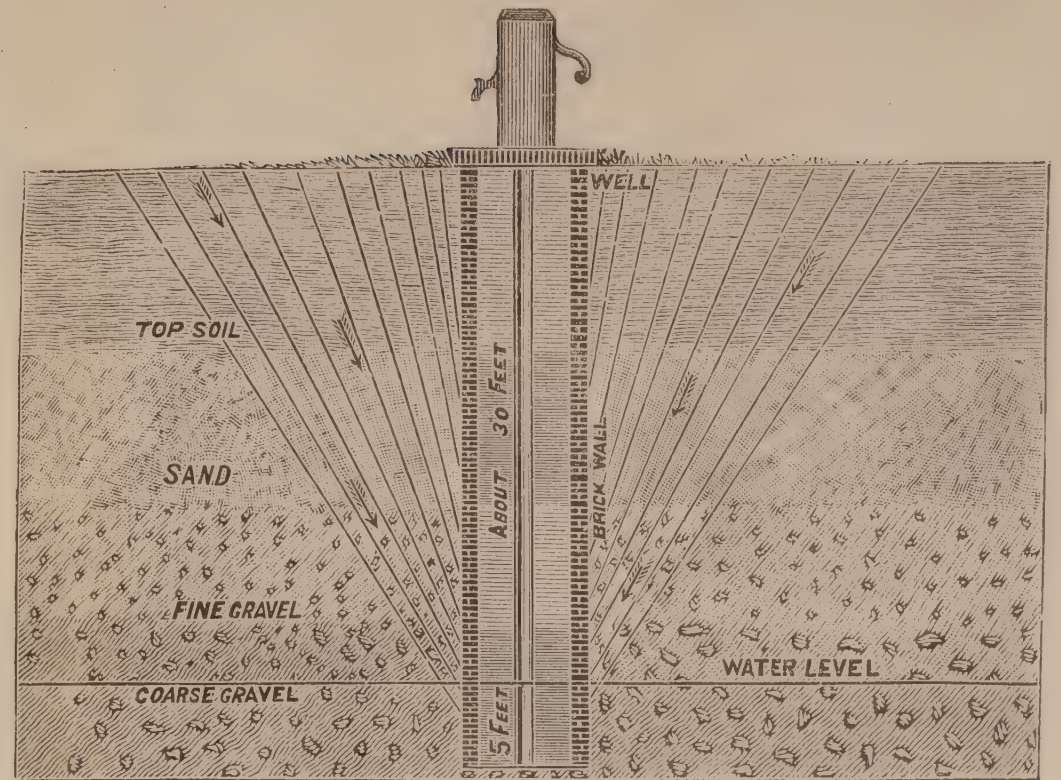
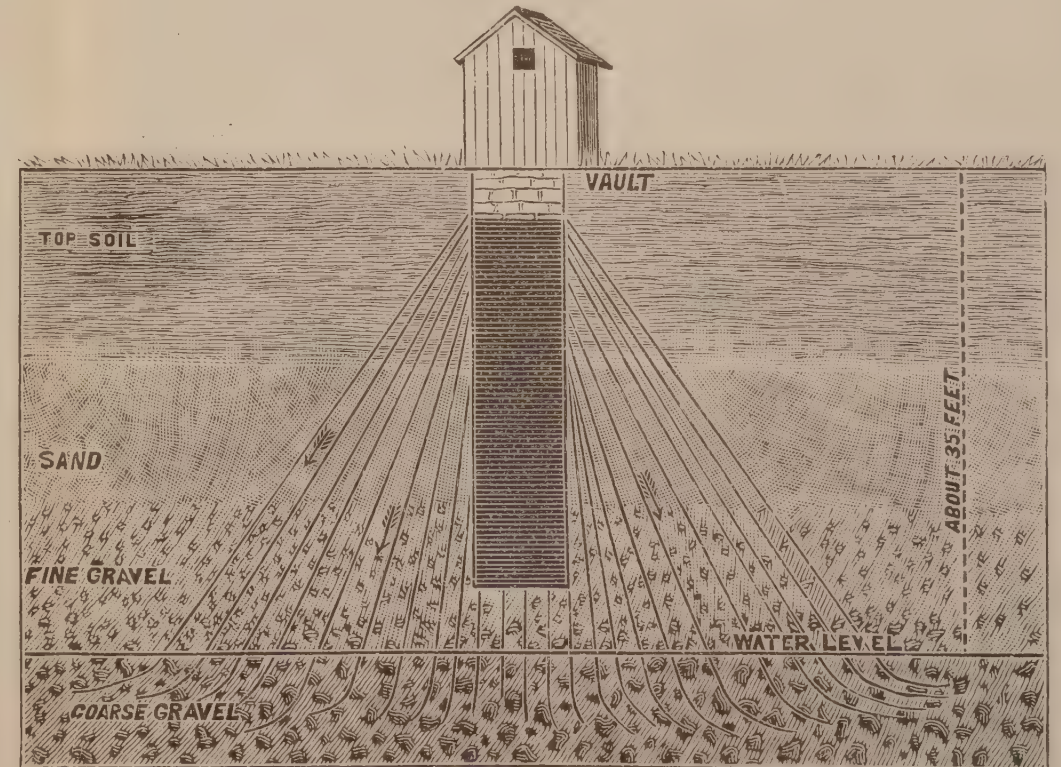
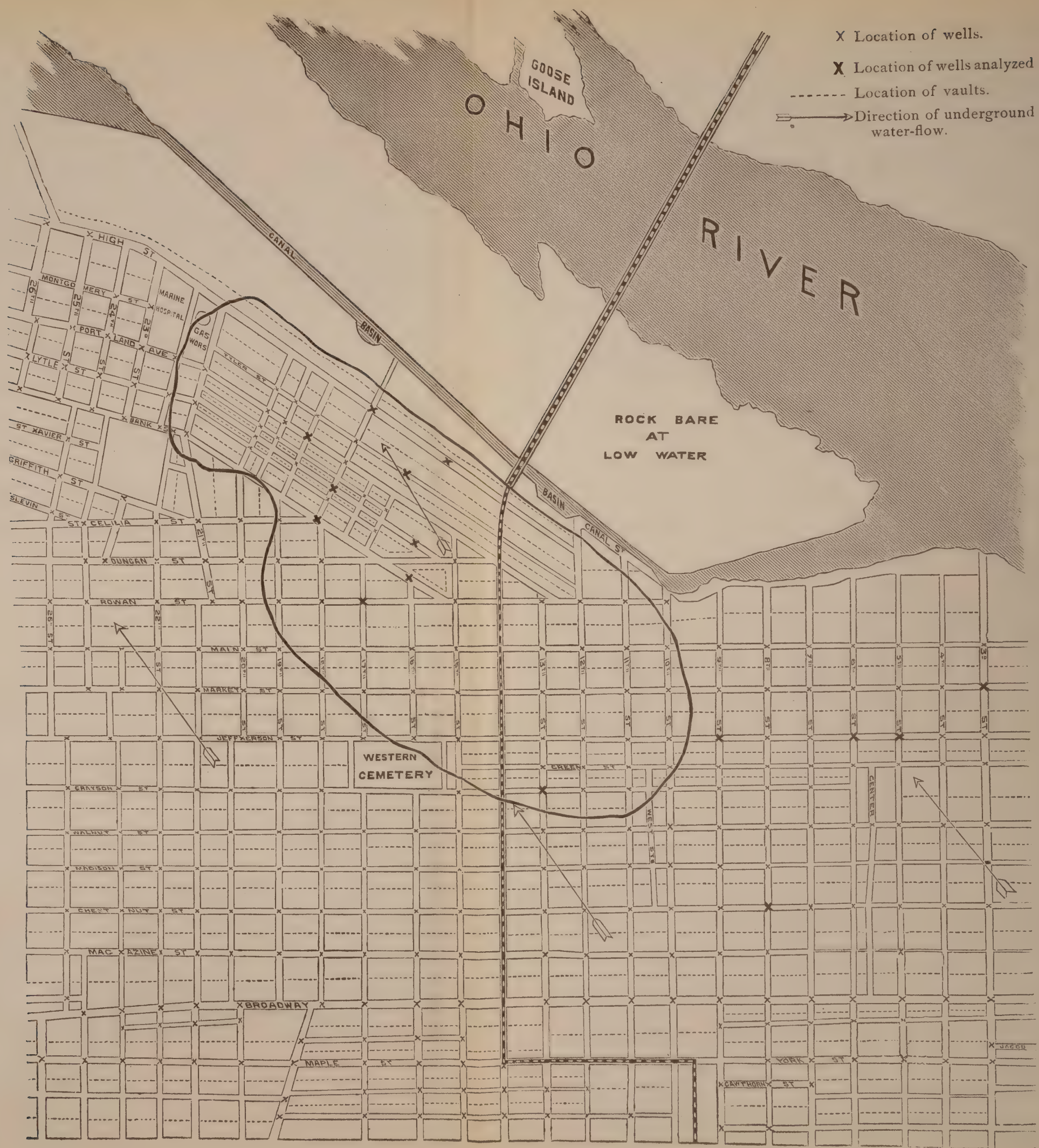


Figure 6.





THE
LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, MARCH 21, 1885.

Original.

THE FEVER ENDEMIC IN LOUISVILLE.

BY J. N. M'CORMACK, M. D.

Secretary of the Kentucky State Board of Health.

To the State Board of Health of Kentucky:

Since the latter part of October last I have been engaged in the name of this Board in an investigation into the cause of an endemic of typhoid fever then alleged to be prevailing in the city of Louisville. In this work I have availed myself of the meager health records of the city for the past sixteen years, have personally examined a number of the fever cases and the premises where they occurred, have inspected the streets, alleys, topography, and natural and artificial drainage of the district especially afflicted by the disease, and personally and otherwise made special inquiries as to the method of construction, location, and condition of the vaults and wells, the source and character of the water and milk-supply, and of other conditions and habits likely to influence the health of the inhabitants of this locality. To a lesser degree I have conducted similar investigations as to the health conditions of other portions of the city. In all this work I have had the hearty co-operation of many of the leading physicians of Louisville.

In consequence of the fact that physicians and heads of families are not required to report to the health officer each case of disease dangerous to the public health, it is impossible to give facts bearing on the history of typhoid fever in Louisville in previous years, except those furnished by the mortality tables. With four exceptions, which will be noticed, these tables have been obtained as far back as 1868, and they show the following death-rate from this disease: 43 in 1868, 33 in 1869, 75 in 1871, 82

in 1875, 53 in 1876, 44 in 1877, 72 in 1878, 86 in 1879, 96 in 1880, 146 in 1881, 114 in 1882, 106 in 1883, 145 in 1884. No health report was made in 1870, 1872, and 1873, and that for 1874 could not be obtained. In most of these tables deaths from typho-malarial fever were reported as typhoid fever, and to escape confusion this has been done by me for exceptional years. From these figures it will be seen that although this disease has attracted unusual attention from the medical profession and the public of the city recently, the death-rate from it last year was one less than in 1881, and not greatly in excess of that of 1882 and 1883, and that on the whole the death-rate from this cause has slowly but surely increased with the years. These figures also show that whatever the cause of the disease may be it has taken up a permanent residence in Louisville, unless extraordinary efforts are made to drive it out. In this connection it would be interesting to know the location of cases, or at least of the principal number of cases, in former years, and whether or not the same house or locality has furnished successive cases year after year; but no means exist for obtaining this information for the reasons stated.

As to individual cases of fever my inquiries have only been in regard to cases occurring from August 1st to December 1st, 1884, and had reference entirely to the character and cause of the disease. By means of blank slips for individual cases information was asked from the attending physician on the following points in regard to each case: Name the location, date of attack, distance of vault from house, its depth and condition, condition of cellar, method of disposal of house refuse and kitchen slops, source of water-supply, source of milk-supply, whether or not the house in which the case occurred is in the

flooded districts, whether or not it was possible with the facts at hand to trace the disease to a previous case of the same character, and, under the head of remarks, any other facts observed bearing on the character or cause of the disease. In this way such facts have been more or less perfectly collected in regard to 387 cases occurring within the dates mentioned, which I estimate to be about two thirds of the cases occurring in that time. Of these 387 cases 247 were located in the "west end," a large majority of them within the fever district shown on the map, and particularly in the western portion of this district—the remainder being scattered over other portions of the city. The condition of the vault is noted in 158 cases, being good in 92 cases, and bad in the remainder. It is uniformly stated, when reference is made to this point, that the vaults extend to the gravel formation. In a number of instances it is stated that the vault on the same or adjoining lots is from two to fifteen feet from the house; in many that it is full, and in some that it is overflowing. In 8 cases the water-closet was in the house. The condition of the cellar was noted in 143 cases, being good in 102 and bad in the remainder. The method of disposal of house refuse and kitchen slops is noted in 160 cases, being carted away, cremated, or otherwise properly disposed of in 16 cases, and thrown in the back yard, alley, gutter, adjoining lot, or fed to pigs in 144 cases. The source of the water-supply is noted in 314 cases, being from hydrants in 10 cases, from cisterns in 6 cases—4 of these cisterns being located in the cellar—and from wells in 298 cases. The source of the milk-supply is not often stated in sufficiently definite terms for any satisfactory conclusion. Four of these cases were located in the flooded districts. In many instances it is noted that pigs, fowls, cows, or horses are kept on the premises, and in very many that the back yards and alleys are foul. In a few instances it is stated that the premises are in good condition; but in such cases no note is made of the condition of the surrounding premises. In a number of instances more than one case is reported from the same house, and in three instances as many as four cases. The large majority of the cases are reported as mild in character and usually of short duration. In no case, so far as stated, could the disease be traced to a previous case.

From the Christian name in the reports

the sex could be determined in 210 cases, and of these 91 were males and 119 females. The age is not usually given, but from conversations with physicians and my own observations I learn that a large proportion of the cases were in children.

In order that each fact brought out in this inquiry may be given its proper weight as a possible factor in the production of disease, it may be well here to make a brief statement of those facts in regard to the natural location and surroundings of the city and of the customs and habits of its inhabitants necessarily connected with its health history.

Louisville was first incorporated as a town by the Virginia Legislature in 1780 and as a city by the Kentucky Legislature in 1828. It is situated on the southern side of the "Falls of the Ohio," in latitude $38^{\circ} 3'$ and longitude $85^{\circ} 30'$. In 1830 it had a population of 10,341, which had steadily increased to 123,758 in 1880. The main portion of the city is built on an alluvial plain, at an average of about fifty feet above low-water mark and four hundred and forty-one feet above the level of the ocean. This plain is interrupted in the eastern and southern portion of the city by Beargrass Creek and its tributaries, and south of the city is continuous with a district of swamp lands several miles in extent. Much of the western, southwestern, and southern portion of the city was once studded over with stagnant ponds and marshes, many of the ponds being of considerable depth, and some of them still existing. These ponds were gradually filled with refuse from the city, usually without previous drainage, and over the surface thus filled a dense and often not overcleanly population has been crowded, with little or no provisions for preventing the further pollution of an already polluted soil. The character of the surface and subsoil formation is shown in Fig. 1, except that in many places the sand and gravel come much nearer the surface than the cut would indicate, and that the coarse gravel is usually not so near. The surface clay is mixed with sand, and on repeated tests I have found it quite porous. The subsoil is saturated with water under the entire city at a depth of from twenty-five to forty feet, as shown by the level at which water stands in the wells and privy vaults. The dip of the underlying formation is from southeast to northwest, and the current or drift of this underground lake of soil-water, which furnishes a never-failing supply for

the hundreds of wells, is always slowly flowing in this direction, as is shown on the map.

The water-supply is from the Ohio River, supplied by the reservoir system, and from the public wells, of which there is one for almost every square. The intake for the waterworks is at a safe distance above the city, and samples Nos. 1 and 2 in the tables show the result of the chemical and microscopical examinations of this water at different stages of the river. The large amount of vegetable matter held in suspension causes it to rank low in the chemical analysis, but the small amount of chlorine and the absence of nitrites and free ammonia are favorable to it, and the result of the microscopical examination is still more so.

There are about eight hundred public wells in the city, of which five hundred are of brick and stone, sometimes lined with cement, as represented in Fig. 2; two hundred and fifty of cement, as represented in Fig. 3, and fifty tubular or bored wells, as represented in Fig. 4. Figs. 2 and 3 also show some of the methods by which impurities from the gutters find their way into the wells. For the drawings from which these cuts are made I am indebted to the city engineer, Mr. R. T. Scowden. The brick and cement wells are from thirty-five to forty feet deep, and, as it is impossible for the men to work in water of a greater depth, they never extend more than four or five feet into the water-bearing stratum. In consequence of the sandy character of the soil, the banks are supported by wooden drums while the well is being dug, inside of which the brick wall is built. In sinking the cement wells no temporary drum is required. The tubular wells are seventy-five or more feet in depth. Nearly all the wells are located near the curbing, and are usually at the street corners, where the gutters intersect and where the catch-basins are constructed. In very many instances depressions are to be found in the gutters in front of the pumps, filled with an offensive semi-liquid muck. By the kindness of Mr. Harlan, Superintendent of City Pumps, I examined one of the brick wells on the inside, and the same dirty fluid could be plainly seen trickling down the wall next to the gutter. Mr. Harlan informed me that this was common in all the old wells, and that he removed an average of from twelve to eighteen inches of muck from each of these wells every twelve or eighteen months.

In addition to the danger from direct

seepage from the gutters, there is a greater danger of contamination of these wells, from the surrounding soil. Every well may be said to drain a circumjacent region which may be represented as an inverted cone, with its apex at the bottom of the well and its base at the surface of the ground, as shown in Fig. 5. The diameter of the base will depend on the depth of the well and the character of the soil, and here would probably be from one hundred to two hundred feet. In most instances such an area would include several vaults, cess-pits, foul back yards, alleys, and other sources of filth. The following forcible and instructive instance of the fouling of wells from a source above their level is quoted from the report of Mr. Child, Officer of Health for certain districts in Oxfordshire, England.

"In consequence of the escape of the contents of a barrel of petroleum or benzoline which had been buried in an orchard, a circuit of wells sixty feet below and two hundred and fifty or three hundred yards distant, became so affected that the occupiers of fifteen houses, containing eighty-two inhabitants, were for ten days unable to use the water for drinking or cooking. The cattle of one of the proprietors, moreover, refused to drink at the spring where they were accustomed to drink. Had this soakage been sewage instead of petroleum, who can doubt that the result might have been wholesale water poisoning, and an outbreak of typhoid fever?"

The accompanying tables give the result of the chemical and microscopical examination of water from the several kinds of wells described, as well as the river water.

Fourteen cases of fever are reported in families who used the water from well No. 15, fourteen from No. 16, thirteen from No. 10, eight from No. 9, seven from No. 12, and so on in lesser numbers throughout the list, there being few wells in this quarter of the city from which cases are not reported.

Sewers have been constructed very generally in the central portion of the city, but house connections are not enforced, and when made are under little or no official supervision, the connections being left largely to the caprice of the owner and the honesty of the plumber. There are some sewers in the western portion of the city, but these have few house connections, and even in the other portions of the city where house connections are had it is a common custom to have privy vaults in the yard for servants; in all other sections the vault sys-

CHEMICAL EXAMINATION OF THE DRINKING-WATERS OF LOUISVILLE, BY J. A. TANNER, M.D.

No.	LOCATION.	Time of Collec- tion.	Odor.	Turbidity	Chlorine Grains per Gal.	Nitrites Parts per 1,000,000.	Ammonia Parts per 1,000,000.		Class of Water Accord- ing to Wanklyn.	REMARKS.
							Free.	Albumi- noid.		
1	River Water,	Low water,	None,	Slight,	1.50	.000	.000	.100	Class II.	The small amount of chlorine and absence of nitrites [indicates vegetable matter.
2	River Water,	Med. high water,	None,	Turbid,75	.000	.060	.130	Class III.	
3	Well corner Fifth and York,	Rained the morning of col- lection.	None,	Little sed	4.00	.000	.050	.050	Class I.	The presence of nitrites renders this water suspicious. [suspicious pollution.
4	Well corner Eighth and Chestnut,		None,	Clear,	5.00	.200	.026	.080	Class II.	
5	Well corner Fifth and Jefferson,		None,	Clear,	6.50	Trace . .	.000	.090	Class II.	Free ammonia and nitrites are present and point to Water of a dangerous character.
6	Well corner Sixth and Jefferson,		None,	Clear,	2.50	.040	.026	.080	Class II.	
7	Well corner Thirteenth and Grayson,	Rained the night previous to collection.	None,	Clear,	6.75	.200	.026	.130	Class III.	Should be condemned absolutely.
8	Well corner Sixteenth and High,		Dis'gr'ble	Smoky,	10.50	.100	5.332	.190	Class III.	
9	Well corner Nineteenth and Portland,	Rained two days previous to collection.	Dis'gr'ble	Smoky,	11.00	.100	.026	.210	Class III.	The presence of such a large amount of chlorine, [nitrites and free ammonia is suspicious.
10	Well corner Eighteenth and High,		None,	Clear,	5.00	.000	.000	.060	Class II.	
11	Well corner Eighteenth and Lytle,	Rained two days previous to collection.	None,	Clear,	9.00	.020	.013	.070	Class II.	Water of a dangerous character.
12	Well corner Seventeenth and Rowan,		None,	Clear,	4.00	.000	.052	.100	Class III.	
13	Well corner Sixteenth and Lytle,	R'd sev'l days before coll't'n.	None,	Clear,	7.00	.200	.026	.060	Class II.	[presence of nitrites render this water suspicious.
14	Well corner Eighteenth and Bank,		None,	Clear,	3.00	Trace . .	.000	.050	Class I.	
15	Well corner Seventeenth and Tyler,	R'd sev'l days before coll't'n.	None,	Clear,	10.00	.100	.000	.110	Class III.	Ammonia is small in amount, excess of chlorine and Water of a dangerous character.
16	Well corner Sixteenth and Bank,		None,	Clear,	4.50	.100	.400	.034	Class I.	
17	Well corner Third and Market,		None,	Clear,	4.60	.100	.032	.034	Class I.	
18	Well corner Ninth and Jefferson,		None,	Clear,	4.50	.000	.030	.013	Class I.	

§Tubular.

Wanklyn classifies water as follows: Class i. Water of more than ordinary organic purity, yielding from .00 up to .05 parts of albuminoid ammonia per 1,000,000 parts of water. Class ii. General drinking waters, safe organically, yielding from .05 up to .10 parts of albuminoid ammonia per 1,000,000 parts of water. Class iii. Dirty waters, yielding from .10 and upward of albuminoid ammonia per 1,000,000 parts of water.

To report upon the character of a drinking-water from chemical examination alone, as to the water being safe or unsafe, is not always possible. In the thorough investigation carried out by the National Board of Health, in the year 1880, this fact was clearly demonstrated. In this examination, waters that were undoubtedly suspicious, as shown by their histories, gave but little organic matter on chemical examination, and were pronounced safe by the analysts according to the classification of the process used. While this was true, the examination also showed that in pure waters nitrites were absent or present only in trace, but in waters known to have carried disease the nitrites were almost invariably present, hence it is safe to look with suspicion upon any water, collected where pollution is to be expected on account of the location, which gives more than a trace of nitrites. Accordingly, after stating the class of the water according to the main process used by me, I have added remarks based upon the presence of nitrates and chlorine. The presence of chlorine in water, in a large quantity, is always suspicious.

J. A. TANNER, M.D.

JOSEPH N. MCCORMACK, M. D., *Secretary Kentucky State Board of Health:*

Dear Sir: Obedient to your instructions, I began the microscopical examination of certain waters designated in your letter of the 1st of December, 1884. Great care was taken to collect the samples of water in clean, new bottles, which were kept tightly corked in a cool place until the examination had been completed. The fresh samples were first prepared by evaporating a drop of the water upon the surface of a cover-glass, then placing a fresh drop upon a glass slide, the cover-glass was inverted upon the drop on the slide, and examined with a $\frac{1}{5}$ B. and L. and $\frac{1}{10}$ Wales; then with $\frac{1}{8}$ B. and L. immer.

Some difficulty has followed the attempt to classify the germs found. A bacillus which differs in many particulars from the *B. anthracis*, yet which disposes itself in fish-net or basket-like form, has been denominated *B. reticulata*. This is not red, like the more closely woven coil of the *B. ruber*, but is readily stained with aniline colors.

The greatest care has been observed in heating the culture tubes red hot before introducing the culture fluid, and boiling before dropping the suspected water from the sample bottles. Then, in selecting samples from the product of the cultures, the tube used was always heated red hot just before use for each slide. The best samples of the freshly prepared slides, containing both the fresh water and the culture products, were sealed, so as to permit more careful examination with the $\frac{1}{8}$ hom. immersion of the Bausch and Lomb Optical Company, whose manufacture surpasses in resolving powers the objectives of any other maker.

The results stated in the table are believed to be reliable.

DUDLEY S. REYNOLDS, M.D.

MICROSCOPICAL EXAMINATION OF THE DRINKING-WATER OF LOUISVILLE.
By DUDLEY S. REYNOLDS, M. D.

No.	SOURCE.	Particles of matter to slide.		Character of matter found in fresh samples taken in dry and in wet weather, embracing forty slides of the water from each source (twenty of each sample.)	Results of culture experiments in freshly prepared Pasteur's fluid, made by Prof. C. Lewis Diehl, and some by Prof. John A. Tanner, 4 tubes of each sample at 60° Fahr., and the same number at 90° Fahr., forming the basis of the conclusions.	REMARKS.
		Estimated.	Eye-piece Micrometer.			
		B. & L. No. D	Eye-piece			
1	River water taken from hydrant, river 9 in. on fls.	1st, 25	25	Particles of clay, small cells or particles of amorphous matter, pieces of soot.	Bacillus subtilis.	Potable.
2	River water taken from hydrant, river 8 feet 11 inches on falls,	1st, 150	150		Bacilli crudeli, bacilli ruber, bacilli subtilis, and in some tee yeast plant.	Evidently containing the surface washings from the lowlands.
3	Public well, Fifth and York Streets,	2d, 108	108	Carbonate of lime, decaying wood, amorphous matter and a few vegetable cells, probably lichen from the walls or the pump stock.	Negative.	Potable.
4	Public well, Eighth and Chestnut Streets,	1st, 20	20	Carb. lime, cells in active motion, masses zoospores aspergillus in fragments (2d sample, 9th slide), spirilla in bundles, brown particles of amorphous matter.	Mucor-mucedo, bacillus reticulata and a comma bacillus without nucleus.	Dangerous.
5	Public well, Fifth and Jefferson Streets,	2d, 105	105	Carbonate lime, fine particles of opaque amorphous matter, fine spirilla, ameboid cells, and red amorphous matter.	Mucor-mucedo, bacillus reticulata.	Dangerous.
6	Public well, Sixth and Jefferson Streets,	1st, 108	108	Spirilla in bundles, carbonate lime, nucleated cells in motion, amorphous brown matter, zoospores in masses.	The aspergillus glaucus in two tubes.	Dangerous.
7	Public well, Thirteenth and Grayson Streets,	2d, 109	109	Brown crystals, resembling uric acid, epithelial cells, acari scabei (two in one slide) bacterium termo, ameba, and numerous groups of zoospores, fragments of aspergillus glaucus and amorphous matter in great quantity.	Mucor-mucedo, curved bacilli and the bacillus reticulata.	Dangerous.
8	Sixteenth and High Sts.,	1st, 250	250	Groups of zoospores, particles of amorphous matter, bacilli crudeli, minute cells in active motion, two forms spirilla, one in bundles.	Mucor, aspergillus, bacillus reticulata, myriads of flagellate bacilli, micrococci in active motion, comma bacilli without nuclei.	Very dangerous.
9	Nineteenth and Portland Avenue,	2d, 190	190	Decaying epithelium, nucleated cells, brown crystals of irregular form, resembling urates, fragments of aspergillus glaucus, great numbers of active ameba, spirilla volutans, oscillaria levis.	Bacillus reticulata, short thick bacteria (B prodigio) myriads of fine micrococci in constant motion, a bacillus having the form of a long whip on a staff.	Very dangerous. The mucor found in a mounted specimen of fresh water, at 90° F., with large sporangia-like medusa.
10	Eighteenth and High Sts.	1st, 210	210	Particles of decaying vegetable matter, nucleated cells, zoospores in groups, active micrococci, small bits of red nostoc, some plates of the sarcina ventriculi, particles of lime and amorphous matter, spirilla in bundles, and the bacillus subtilis.	Mucor, with medusa-like sporangia. (M. malignans), bacilli flagellata, bacilli reticulata, myriads of active micrococci Aspergillus albicans formed in every culture tube.	Dangerous. In 5 days the mounts of fresh water, kept at 60° Fahr., were full of bacilli crudeli. In 12 days micrococci alone remained.
11	Eighteenth and Lytle Streets,	2d, 195	195	Zoospores in groups, shining cells with nuclei, particles of decaying matter from the pump stock, red micrococci, ameba, various sizes, groups b. crudeli, amorphous matter.	Aspergillus glaucus on every culture. The B. flagellata, bacillus reticulata, myriads of active micrococci, in a thick slime.	Very dangerous. At 90° Fahr. the aspergillus did not appear.
12	17th and Rowan Streets,	1st, 180. 195	195	Do Do Do Do	Mucor, aspergillus alb. bacilli reticulata, bacilli flagellata, myriads of active bacteria and micrococci, in a heavy slime, B. crudeli in groups.	Do Do Do Do
13	16th and Lytle Streets,	1st, 200. 180	180	Do Do Do Do	Do Do Do Do	Do Do Do Do
14	18th and Bank Streets,	1st, 170. 185	185	Do Do Do Do	Do Do Do Do	Do Do Do Do
15	17th and Tyler Avenue,	1st, 180. 180	180	Do Do Do Do	Do Do Do Do	Do Do Do Do
16	Sixteenth and Bank Sts.,	1st, 195	195	Do Do Do Do	Do Do Do Do	Very dangerous. Mucor and caudate cells with nuclei, 90° F.
17	Third and Market Sts.	2d, 210	210	Particles of lime, amorphous matter, fragments of aspergillus albicans, ameba, spirilli in bundles.	Mucor-mucedo, bacilli reticulatae, and myriads of fine micrococci in active motion.	Doubtful.
18	Ninth and Jefferson Sts,	1st, 40	40	Dark brown particles of amorphous matter, ameba, micrococci in motion, groups of bacilli crudeli, and decaying vegetable cells.	Mucor, with medusa-like heads on long slender sporangia, the bacilli flagellata, B. reticulata, B. subtilis, groups of B. crudeli.	Very dangerous.
19	Floyd and Chestnut Sts,	2d, 70	70	Zoospores, particles of lime, large active ameba, quantities of small amorphous matter, dark brown particles, some in motion, pieces decaying woody fiber	A closely woven mycoderm with large quantities of active granules, or micrococci, the bacillus flagellata, B. reticulata, at 90° heavy slime.	Dangerous.
20	Fourth, bet'wn Chestnut and Broadway,	1st, 120	120	Particles of lime, amorphous matter in fine particles, some particles of lichen.	Negative.	Potable. Bacillus subtilis appeared on 1 slide.

The first samples were all taken between December 3, and December 16, 1884. The second samples were collected during the month of January, 1885. Microzymes are alone subject to cultivation in the manner indicated above. These are all indicative of putrid matters highly prejudicial to health. Intermittent, relapsing, and continued fevers, diphtheria, dysentery, and enteric diseases are likely to follow the use of the waters yielding culture products.

tem is relied upon by a large majority of the inhabitants. These vaults are sunk inside of wooden drums, as was mentioned in describing the wells, and then walled with brick, the drum being left to decay. They always extend to the gravel formation, from twenty to thirty feet—for the express purpose, as I was informed by the officials, contractors, physicians, housewives, and all others with whom I conversed on the subject, that the liquid portion of the contents might drain off into the sand and gravel. From what I could see and learn, the ordinances regulating the cleansing of the vaults receive but little attention from either householders or the authorities, and this was especially noticeable in most of those examined by me in the fever districts. The usual location of the vaults is shown on the map by dotted lines running through the center of the squares, but in many instances they are much nearer the wells, and in one—corner of Grayson and Thirteenth streets, No. 7, in the table of analysis—which supplies the drinking-water for a public school with six hundred and fifty pupils, as well as the immediate community, the female and male vaults for the school are respectively thirty-six and seventy-six feet from the well. In a large number of houses in the better quarters of the city, where water-closets are constructed inside of houses, these, with the bath-rooms and kitchen sinks discharge their contents into “dry-wells” in the yard or cellar. These dry-wells are constructed in the same manner as the vaults, are usually closely covered, and often have no ventilation except back through the drain into the house. It would be difficult to imagine any thing more dangerous to health than these contrivances.

The ordinary way in which the contents of vaults and other receptacles of filth may find their way into the wells is shown by Fig. 6. Here the apex of the cone is at the surface of the filth, and the base at the water level, or an impermeable stratum. In a soil of great porosity, such as we have here, with the wells and vaults in close proximity, it is easy to imagine the lines of

filtration in Fig. 5, and those of pollution in Fig. 6 interlacing in the water of the wells; and that this is no imaginary picture is shown by the analysis of the water, and to the thoughtful physician still more clearly by the high death-rate from filth diseases among those who use this water. It has been before stated that under the entire city there exists a sort of underground lake flowing slowly to the northwest. A well sunk to a distance of from thirty five to forty feet at almost any corner furnishes an abundant supply of water from this lake, and from thirty-five to fifty vaults sunk almost to the same level in every square utilizes the same body of water in carrying off their foul contents. In this way thousands of gallons of urine and liquid feces are daily poured into the source of the water-supply, and, as this contamination begins at the southern limits of the city, it would naturally become greater as it passes under it, the wells near the river in the northwestern portion being the foulest. In the main this theoretical view seems to be sustained by the examination of the water, and the prevalence of the fever during the past year, but more extended observations on this point will be necessary to settle this question. It is often urged that the soil is a sufficient filter to prevent this pollution of the water, but when it is remembered how soon an ordinary filter becomes fouled from the passage of water through it not especially impure, and then the quantity of concentrated filth which has been poured into the porous soil under this city for the past hundred years, it will be seen how little reliance can be placed on this natural filter. No doubt it still acts as a strainer, keeping back solid material, but affording little protection against soluble substances.

Among the wealthier classes in the central portion of the city kitchen slops and garbage are probably properly disposed of with a majority, but in the unsewered districts the usual practice is to throw or drain the house refuse into the alleys, gutters, or vaults. In a great many instances shallow trenches for this purpose extend from near the kitchen door to the alley, or around the side of the house to the gutter. In many of the alleys I noticed that the hogs had made extensive wallows, into which the slops and garbage were thrown. If the picture here drawn is an unpleasant one, the people who have made it, and particularly the city authorities who have tolerated and even fostered the “system” and habits

which have made it possible, must be blamed.

These in brief are the facts as I gather them. In a location naturally malarious, and where the strictly malarious diseases still constitute a very considerable part of the sickness, owing to defective drainage and an impure water-supply, we have added the filthy anti-hygienic conditions found in all flat, unsewered towns, and the natural consequence, a high death-rate from what are now known as filth diseases. Thus we see that in ten years there were 1,980 deaths from diarrheal diseases, 346 from scarlet fever, 217 from diphtheria, and 977 from typhoid fever—3,521 deaths from preventable filth diseases. In the light of these instructive, if not pleasant historical facts and surroundings, and of our own investigations, we are to look for the cause of the recent endemic of fever. Typical unhealthy conditions are found on all sides. Leaking vaults or dry wells—a system long since condemned by sanitarians—are found in the rear of most houses, and the exhalations and drainage from these and from the polluted surface soil constantly befoul the atmosphere and water. An analysis of the water used by most of the families in which the disease occurs shows it to be contaminated with organic matter, and under the microscope it is found to be teeming with the lower forms of organic life. The disease is found to be most frequent where the water would naturally be foulest, and in the fall season when the water is lowest and most concentrated, and where the bad sanitary conditions are most abundant. It also occurs in a few cases where hydrant-water is used, and in some houses where the sanitary surroundings are apparently the best. Can we explain these exceptional cases with our present information? No; although special inquiry in each case would no doubt usually show a dry well, defective drain, foul cellar, or impure emanations from neighboring premises; for it may be laid down as a rule that this order of disease only occurs in the presence of sanitary defects. As might be expected from the difficulties naturally surrounding the question, a variety of opinions was found to exist among the physicians as to the exact character of the disease. To these opinions, and especially to the symptoms upon which they were based, I have given most careful attention. Starting out in the investigation with no preconceived notions and with no theory to sustain as to the character or cause

of the disease, I am inclined to the opinion, after weighing all the testimony, that it is not specific typhoid fever, but a mongrel type of non-specific fever, produced by the combined influence of filth and malaria—the typho-malarial fever of Woodward, and the continued malarial fever of Loomis. In the later stages of severe and fatal cases, what are known as “typhoid symptoms” were often well marked, as they usually are after a long continued high temperature from any cause, but in a majority of cases few of the distinctive features of typhoid fever were present, and, so far as I can learn, the entire endemic furnished few cases in which there was from the outset that peculiar group of symptoms which should have been commonly present in an outbreak of that disease in the midst of such unfavorable sanitary surroundings. The mild character and short duration of most of the cases, and the large proportion of females and children attacked, taken with the prevalence of malaria, which seems to be antagonistic to typhoid-fever germs, argue strongly in the same direction.

This, however, is a question of scientific rather than of practical interest. Whether or not the polluted water and the exhalations from ponds, vaults, cellars, yards, and alleys produce the disease by their own foulness, or were the hot-beds for the development of the disease germs from ordinarily harmless organisms, or for the reception and multiplication of specific germs from a previous case, are questions which may well be left to the future, as their determination will give us little practical assistance. In any event these conditions are essential to the prevalence of such diseases, and, what is of equal importance, they lower the vital resistance to and largely increase the mortality from all kinds of sickness; and their removal or abatement becomes a necessity if the train of evils which has attended them here and elsewhere is to be avoided. If space permitted I might give the history of scores of cities, in this and other countries, to show the relations between these conditions and the prevalence of such diseases. A few will suffice. In an address delivered before the fifth congress of the Sanitary Institute of Great Britain, Douglass Galton said:

“It may be accepted as certain that in every case where the sewerage of towns has been devised on sound principles, and where the works have been carried on under intelligent supervision, a largely re-

duced death-rate has invariably followed. The records of Newcastle afford evidence of this fact. The quinquennial period beginning in 1868 showed a death-rate of 27.6. The quinquennial period ending in 1881 showed a death-rate of 23.0, while the death-rate of 1881 was only 21.7."

"Munich is the residence of one of the ablest sanitarians of Europe, Dr. Pettenkofer. His admirable illustrations of the effect of the impurities which are accumulated in porous cess-pits upon the air of the town and the death-rate of the population form a text-book of sanitary knowledge."

"At Munich the entire fever mortality per million inhabitants for quinquennial periods was as follows: In 1854 to 1859, when there were absolutely no regulations for keeping the soil clean, 24.2; 1860 to 1865, when reforms were begun, by cementing the sides and bottoms of porous cess-pits, 16.8; 1866 to 1873, where there was partial sewerage, 13.3; 1876 to 1884, when sewerage was complete, 8.7.

"Similarly, at Frankfort on-the-Main, the deaths from enteric fever per 10,000 were: 1854 to 1859, when there was no sewerage, 8.7; 1875 to 1880, when the sewerage was complete, 2.4.

"At Dantzic the figures present some more striking characteristics; the deaths from enteric fever per 10,000 living were as follows: 1865 to 1869, when there was no sewerage and no proper water-supply, 108; 1871 to 1875, after the introduction of a water-supply, 90; 1876 to 1880, after the introduction of sewerage, 18.

"In Hamburg the deaths from enteric fever per 1,000 of total deaths were: From 1838 to 1844, before the commencement of any sewerage works, 48.5; from 1871 to 1880, after the completion of the works, 13.3. During the time that the works were in progress, viz., from 1872 to 1874, the mortality from enteric fever per 10,000 living was, in the unsewered districts, 40.0; in the districts for the most part sewered, 32.0, and in the fully sewered districts, 26.8.

"These results illustrate the effect of purifying the air of towns by the rapid abstraction of refuse matter, so as to prevent it from remaining and putrefying in and upon the ground."

"It may be suggested that the contents of cess-pools can be removed by carts as well as the contents of the vaults."

The pump-water began to attract attention as a cause of this class of diseases in Brooklyn in 1878. The relation was

not more direct than I have been able to show here, but the water of one after another of the wells has been subjected to a rigid analysis and condemned, until 653 of 655 wells in the city have been filled, and one of the two remaining is now under condemnation. The advantages to health in Brooklyn have not been less marked than the instances quoted by Captain Galton. A similar though less vigorous course has been pursued in New York, the use of well-water for domestic purposes having been forbidden, and 100,000 privy vaults have been ordered closed within the last month.

Memphis, in its pre-epidemic days, presented conditions very similar to those found here. After suffering a high death-rate for years from the ordinary forms of filth diseases, it required one epidemic of cholera and two of yellow fever to convince them that their water was foul and their general sanitary condition a disgrace. It remains to be seen whether Louisville will wait for further lessons in the school of experience, or profit by that already had at home and seen abroad. It would ordinarily require strong faith to feel hopeful on this subject about a city which, in 1881 (which may be taken as a fair sample year), spent \$150,000 for its fire department, \$118,000 for its police department, and \$1,600 for its health department; but, with a reform mayor, who seems to fully appreciate every interest he has been appointed to guard, the public health will doubtless receive attention.

As to the remedies for these defects, it is only our province to suggest: *First*, The city health department should have a competent analyst, who should frequently and rigidly examine the water from each of the wells, and those found contaminated should be condemned and filled. By filtration, sedimentation, and every other available means, the water-supply from the Ohio River should be improved. Sewers should be constructed much more rapidly than in the past; and where they do exist, every house should be required to connect with them, and all plumbing should be under the supervision of a competent inspector. All existing vaults and dry-wells should be condemned, cleaned, and filled, and the construction of new ones forbidden, or required to be water-tight. Where sewers do not exist, some form of dry-earth closet should take the place of the vaults, the contents being deodorized with cinders,

ashes, or dry clay, and the filled buckets carted away at stated intervals, to be made into compost and sold for fertilizing purposes. This system has long been in satisfactory use in Manchester and other cities in England, as well as in this country, and can be worked at an average cost of two dollars and sixty cents for each family. All garbage should be cremated in the kitchen range and carted away. Physicians should be required to report to the health officer, by postal cards provided for that purpose, every case of communicable disease to which they are called, and prompt action should be taken by that officer, acting in concert with the family physician, to prevent the spread of the same. Less so-called professional dignity and contention about meaningless medical etiquette and more true humanity should govern physicians in the future in regard to reporting and preventing the spread of communicable diseases.

Such organized work presupposes the existence of a board of health for the city provided with both the power and the means for protecting the interests intrusted to it. In the past Louisville seems to have been unfortunate in this respect. With an accomplished physician for its health officer—as I understand has usually been the case—and with a board of health taken from the better class of physicians and leading city officials, it can discharge but few of the functions of a health board, because the powers intrusted to it are scarcely nominal and the funds appropriated to it are too small for any useful work. The board of health should have ample power and money enough for its legitimate expenses and investigations, and then be held to a strict accountability. These remedies are not suggested as experiments, but are such as have been thoroughly tested and approved in other cities. Their adoption would cost money, but Louisville must either spend money to improve its sanitary condition or her citizens must spend it in caring for the preventable sickness and unnecessary deaths of its inhabitants, since several hundred deaths and an average of probably not less than ten cases of sickness for each death occur here every year from preventable causes. The cost of this sickness, and the immense money value of the time and labor lost, as well as the money value of those who die, are as certainly a tax on the citizens of this city as though it was collected by the tax-receiver instead of

the doctors, druggists, nurses, and undertakers. The smallest epidemic of cholera would cost more to the city, indirectly, in loss of trade and good name, than would make all the improvements I have indicated; yet all the conditions are here to invite the location and cause the spread of cholera.

The police and fire departments each have an annual appropriation of more than \$100,000. Modern sanitary science has demonstrated that a proper enforcement of wise health measures will diminish sickness just as surely as a police and fire department will lessen crime and limit fires. Let the people once fully understand this and the money part of the trouble will be ended, as has been the case in Detroit, Milwaukee, and other cities.

These suggestions have reference to the duties of the city government. Duties no less evident or important remain for individual citizens; for in health matters, as in religion, each individual and each household has duties to perform which can not be left to others. There are probably few houses in the city without defects in the ventilation, heating, or drainage, which, detected or undetected, are impairing the health or lowering the vitality of its occupants. In the construction of most of them every other question has received more consideration than this, because few people have been instructed as to the importance or methods of preserving health. If the head of the household were told that his family was taking in some special poison in their daily food, he would be greatly alarmed and have a rigid investigation made. Why should he be less so because they drink it in from a polluted well, or breathe it in from a foul sewer, dry well, or cellar?

A thousand of the leading business men of Louisville could no better employ a small part of their time and means than in following the example of Glasgow, Edinburgh, Newport, and Lynn, as New Orleans and St. Louis have recently done, in organizing a Sanitary Protective Association for mutual defense against disease, and for spreading information among the people in regard to the plain laws of health. Small annual dues from each member would create a fund for the employment of an inspector to make monthly visits to the house of each member and point out and suggest the remedies for any dangers to health found to exist. Such an organization would be a stimulus and help to the health depart-

ment. In spite of all that is said to the contrary, my own experience has convinced me that there is no other subject about which people are so anxious to learn, or where they take so much pride in the little knowledge they do possess, as in regard to disease; and a society of this kind, aided as it would be by the press and other educational agencies, which would naturally associate themselves with it, would soon bring about a lasting health reform in Louisville.

No one is more conscious of the incompleteness of this report than myself. Pressed by other duties and hampered by want of funds for necessary investigation, this much has only been possible through the assistance of Drs. Clemens, Bailey, Galt, Kelch, Holland, Pelle, Roberts, McDonough, Allen, Taylor, Grant, Beutel, Rademaker, Simpson, Berry, Parsons, Brandeis, Griffiths, Garr, Mills, Marshall, Murrell, Gilbert, Doherty, Leber, Satterwhite, Larrabee, Bland, Hoskins, Reynolds, and Tanner, and Messrs. Davis, Scowden, Garriott, Duffy, and Harlan; and to each and all of whom I now return my sincere thanks.

Miscellany.

QUININE AS A PARTURIENT. — Andrew Mullan, M. D., in the *British Medical Journal* of February 28, 1885, reports cases where quinine seemed to hasten the expulsion of the child. The histories given were simply cases of retarded labor. He says quinine given in doses of four grains and upward, in powder, will start pains afresh in twenty or thirty minutes. Repeated at intervals of half an hour or an hour it will maintain them strong. It produces no headache, hardly ever a trace of the cinchonism caused by similar doses under other circumstances, nor sickness, the bitter taste being the only disagreeable circumstance connected with it. The pains it produced are not continuous like those of ergot, but intermittent like those produced by normal labor, and evidently not the result of a special stimulus exerted over the uterus only, but of a tonic effect over the whole economy; the patient often feels stronger.

The action produced when ergot is given alone, in cases where the patient has been exhausted, seems often to be spent in the delivery of the child, leaving the uterus in

a state of exhaustion, unable to contract upon and expel the placenta, allowing hemorrhage and necessitating extraction. Such is not the case when quinine is properly used either alone or before the ergot. It can be used when ergot is absolutely contra-indicated with perfect safety both to mother and child. In one case five or six hours intervened between the giving of the first dose and the onset of the pains. Yet the child was delivered all right. When ergot is used, if more than two hours elapse before delivery the child is generally dead. I have seen only one exception to this. Not alone is the good effect of quinine confined to the delivery of the child, but the antipyretic and antiseptic influence of the drug is noticed in the satisfactory recovery of the cases.

MR. T. LAUDER BRUNTON, in the *Lettomanian Lectures*, speaking of constipation says: "Formerly, while Casualty Physician to St. Bartholomew's, I was accustomed to ask each patient the question, Are your bowels regular? I afterward gave this up because I found it was ambiguous. I one day asked this question of a young woman and she answered, 'Yes, sir.' I then asked, 'How often are they open?' and she replied, 'Once in three weeks, sir.'"

DR. CHAS. J. LUNDY, in *Medical Record*, speaks highly of the oleate of cocaine. The anesthetic effects of a five-per-cent solution were found to be more marked and to last longer than when the muriate was used. A smaller quantity of the agent is also required to produce the desired result. As a therapeutic agent in such diseases as granular lids, phlyctenular keratitis, blepharospasmus, etc., it is especially valuable.

MARRIED — At the residence of the bride's father, March 6, 1885, Dr. C. M. Rosser, of Leesburg, Texas, to Miss Callie Wilkinson, of Tyler, Texas, Rev. Dr. Andrews officiating.
G. B. G.

DR. ELLERSLIE WALLACE formerly Professor of Obstetrics and Gynecology in Jefferson Medical College, died in Philadelphia on March 9th.

DR. HARRISON ALLEN has tendered his resignation of the Chair of Physiology in the University of Pennsylvania.

BELLEVUE'S graduates number 134.

The Louisville Medical News.

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THE SHORT-LIVED LONDONER.

An able lecture, entitled "Degeneracy Amongst Londoners," was recently delivered at the Parkes Museum, London, by Mr. James Cantile.

From a synopsis in the Medical Press of February 4th it appears that the lecturer characterized London as an ozoneless region, where exercise and fresh air could hardly be obtained, and where the sun's rays are deprived of all health-giving power.

A Londoner [as the speaker used the term] is one whose father and mother were born, brought up, and had lived in the area defined, and who himself, or herself, was brought up and had lived in London, and whose only notion of relaxation was a run to the country or the seaside on a bank holiday. It was well-nigh impossible to find a third, and absolutely impossible to find a fourth generation of pure Londoners; the progeny ceased, partly from moral and partly from physical decline and inability of continuance. The pure Londoner of the third generation, which he had been able, after much search and inquiry, to get hold of, was a picture of physical decline, involving shortness of stature, narrowness of chest, deformity of jaws, miserable appearance (squint prevailing), scrofulous diseases, and small head. Pure Londoners were seldom found in the work-house, because they died young. They were able to "light porter," sell papers, and by some such shiftless means earn a livelihood.

It is easy to see by the foregoing that the typical Londoner is by no means to be confounded with the typical Englishman, who, as a rule, is a well-fed, well-conditioned mortal, the living exponent of those qualities, physical, mental, and moral, which have made England the greatest of modern nations. The typical Londoner is the unfortunate poor, whose miserable condition is but the necessary resultant of overwork, under-feeding, smoke, fog, bad air, filth, vice, and the absence of any stimulus to high or worthy endeavor.

In the opinion of Mr. Cantile, this deplorable state of the perennial fog-dweller is to be accredited to absence of ozone in the London air; too little light, too little exercise in fresh air; gin and tobacco. He might have added syphilis.

An assistant surgeon at St. Bartholomew's Hospital has observed that among the sick poor who seek relief in this institution the marks of hereditary syphilis are of almost universal prevalence. He doubted if there was a family among them some of whose members did not show the effects of this taint in ancestral blood. It was further noticeable here that typical cases of the disease, as it is wont to have way in subjects free from hereditary taint, are rare, and that surgeons in various London hospitals had remarked the absence of grave lesions which told the ravages of syphilis in former times, and which are so clearly set forth in the older medical works.

This would seem to show that a widespread syphilitic taint in the squalid inhabitants of London had lessened their susceptibility to the disease when contracted afresh, mitigating its symptoms and modifying its course. But while the virulence of the disease may thus be lessened in individual instances, its influence as a factor in the degeneracy of the typical Cockney as a class is evident in those features so vividly portrayed by Mr. Cantile as characteristic of "generations which represent the survival of the unfittest," such as shortness of stature, narrowness of chest, deformity of jaws,

low-bridged noses, and other so-called scrofulous marks.

Much has been said of late years upon the signs of degeneracy in the human race, and while no little of this may be passed as idle croaking it is certain that in the lower classes of our great cities these signs may be unmistakably seen by him who reads aright.

The lesson which they teach, is not without import, and should be seriously pondered by all who have a care for the public weal, for, while it is clear that many of the factors which make to degeneracy in the lower grades of society are not operative in the upper and middle classes, it is certain that two of them, alcohol and tobacco, belong here by priority of title, while a third, syphilis, though once an exotic plant, has by early transplantation and constant culture become as good as indigenous in this inviting soil, where it is growing an abundant harvest of ill for coming generations.

Bibliography.

Cocaine and Its Use in Ophthalmic and General Surgery. By H. KNAPP, Professor of Ophthalmology in the Medical Department of the University of the City of New York. Reprinted from the Archives of Ophthalmology, December, 1884, with supplementary contributions by Drs. F. H. Bosworth, R. J. Hall, E. L. Keyes, H. Knapp, and William M. Polk. New York and London: G. P. Putnam's Sons. 1885. For sale by John P. Morton & Co.

This is a neat little volume of 87 pages, and contains nearly all the substantial contributions yet made to the literature of cocaine. After giving a translation of the original article of Dr. K. Koller, which first called attention to cocaine as an anesthetic to the eye, the author reviews thoroughly most of the articles upon this subject which have appeared in English, French, and German. To one who has watched the medical journals during the past four months, this would seem no small undertaking. Among the papers of especial interest, after Dr. Koller's, are, Dr. Knapp's, which appeared in the Archives of Ophthalmology; a valuable contribution on the Use of Cocaine in the Upper Air Passages, by Dr. Bosworth; Notes on its Use in Gen-

ito-Urinary and in General Surgery, by Drs. E. L. Keyes and R. J. Hall; a Note upon its Use in Gynecology and Obstetrics, by Dr. William M. Polk, and a Report of a Case of Abdominal Section, even to the incision into the peritoneum, by means of the local application of cocaine. The paper by Dr. Koller brings out a fact not generally known to writers upon cocaine, to wit, that its property as a local anesthetic was discovered by Prof. Schroff, and made known to the Medical Society of Vienna as long ago as 1862. Dr. Koller, therefore, is not the discoverer of the anesthetic quality of cocaine, but it is his investigations which have proved this quality to be one of the grandest of therapeutic phenomena.

J. M. R.

Lectures on Diseases of the Rectum. Delivered at the Medical Department of the University of the City of New York. By J. WILLISTON WRIGHT, M. D., Professor of Surgery. New York: Bermingham & Co. 1884. Price, \$1.25. For sale by John P. Morton & Co.

This is a neat, unpretentious little book. The lectures, though carefully prepared, are printed as they were delivered, as is evidenced by a colloquial style, the free use of anecdotes, and homely illustrations. They can be said to scarcely more than outline the features of the great department of anal surgery, but this they do with such painstaking care that the student may easily complete the picture. The book abounds in good surgery and conservative therapeutics. Nine well wrought illustrations bring before the student the forms of the principal instruments used in rectal operations.

Pyuria, or Pus in the Urine, and its Treatment. Comprising the Diagnosis and Treatment of Acute and Chronic Urethritis, Prostatitis, Cystitis, and Pyelitis, with especial reference to their Local Treatment. By Dr. ROBERT ULTMANN, Professor of Genito-Urinary Diseases in Vienna Polyclinic. Translated, by permission, by Dr. WALTER B. PLATT, F.R.C.S. (Eng.), Demonstrator of Surgery in the University of Maryland. New York: D. Appleton & Co. 1884. For sale by John P. Morton & Co.

This book is a 12mo of 98 pages. Its author is well known to the profession in this country through the admirable treatise upon the analysis of the urine which bears his name in company with that of Prof. Hoffmann, of Gratz. He is an acknowledged master in urinology, and the book gives evidence in every page of the studi-

ous care with which the German author writes.

The author concerns himself especially with the diagnosis and treatment of such disorders of the genito-urinary tract as render the urine purulent, letting much light in upon the former, and making numerous new and valuable suggestions as to the latter. He believes in local measures for the relief of all inflammatory lesions of this region except the ureters and kidneys, and proves his faith by a record of brilliant results. The book is freely illustrated both in figures of microscopic views and of instruments. The translator has done his work in a most creditable manner.

Smith's Diagram of Parliamentary Rules: together with Concise Hints and Directions for Conducting the Business of Deliberative Assemblies. By URIAH SMITH. Second edition; revised. Battle Creek, Mich: Review and Herald Publishing Association. 1883. Price by mail, fifty cents.

This is a very ingenious device for making easy the study of parliamentary rules. Since any worthy physician may at any meeting of his medical society be called to the chair, some knowledge of the laws regulating assemblies may well be added to his scientific accomplishments. The study of Cushing's Manual is tedious to all and profitable to but few. With this diagram and key the requisite knowledge may be acquired in a few sittings, and will prove an amusement rather than a study, while in times of emergency it may be used without blunder by one who has never before given any thought to parliamentary rules.

Correspondence.

[FROM OUR SPECIAL CORRESPONDENT.]

LONDON LETTER.

A paper on The Influence of Civilization upon Eyesight was read at the last meeting of the Society of Arts by Mr. Blundell Carter, F. R. C. S. He said that the principle he wished to lay down was that the functional perfection and activity of organs throughout the animal kingdom were dependent upon the manner and degree in which those organs were exercised, for while efficient exercise of them not only produced improvement in the individual but also tended toward improvement in his offspring, so

limited or imperfect exercise tended toward deterioration alike in the individual and in the race. On every side the old order of things changed giving place to new, and on every side the new might be either better or worse than the old. It did not follow in physiology any more than in morals or politics, that change must of necessity be conducive to improvement. We inherited the eye in all its essential parts from an ancestor not only remote but also common to ourselves and to a large proportion of the animal kingdom, and he thought there could be no doubt, not only that the organ, as civilized man now possessed it, was inferior to that possessed by animals, which we have far outstripped in other particulars, but also that among ourselves it had fallen very decidedly below the standard of excellence which it had attained in some of the families of the human race. Humboldt was once traveling in South America and became separated from his party, being only attended by his guide who, when the traveler expressed a fear that they had lost their companions, pointed across a valley some miles in width, and said he could see them, and Humboldt with the aid of a powerful telescope convinced himself of the truth of the statement. An enormously large proportion of the whole German nation was composed of the wearers of spectacles, and there was abundant evidence that the need for such assistance dated from a comparatively recent period. Last year his friend Mr. Adams Frost examined a board school in the south of London, and found that seventy-three children out of two hundred and sixty-seven, or rather more than a fourth, had defective or subnormal vision. If we inquired the reason why the eyes should undergo deterioration while other physical organs steadily advanced in vigor and development, we should find the explanation to be two-fold. In the first place, the constant use of the eyes on near subjects was injurious to them. In the second, the deterioration was partly due to popular ignorance on the subject of what the eyes ought to be able to accomplish. All that was required in order to bring about their improvement, was the direction to them and to their functions of the same amount and kind of attention which was at present bestowed upon other physical capabilities of the human race. What he might fairly describe as national neglect of the culture of the eyes, and of efforts to improve the faculty of seeing, was chiefly due to the prevailing

absence of knowledge concerning the proper range and scope of the visual function, and hence concerning the powers which the eyes ought to possess. In conclusion Mr. Carter expressed his opinion that if public attention were once fairly directed to the question, if the eye received as much attention as the muscles, and if an intelligent knowledge of what they ought to accomplish were diffused abroad, that our country, in the course of two or three generations, would be peopled by a race who might engage, if not without fear, yet certainly without disgrace in a seeing contest with any other representative of the human family.

Dr. J. R. Mann, F. R. C. S., said that from personal experience he could vouch for the truth of the statement that the uncivilized races had better sight than ourselves. He had frequently observed the visual strength of the natives of Africa, and their vast superiority over us in that respect. He was fully convinced that this degeneration in sight resulted from usage and not from any inferiority to those spending most of their time in the open air. He was also sure that degeneration was inherited and handed down with increasing loss of power from father to son.

Mr. Browning said that in the whole course of his large experience he had always a difficulty in persuading short-sighted people to wear spectacles, and he was sure that the most disastrous results must ensue if people confine themselves to seeing objects at about the distance of seven inches from them.

Since Mr. Justice Stephen declared from the Bench that the cremation of a dead body, if effected without nuisance to others, is a legal proceeding, the Cremation Society is about to act accordingly. They have just published a short circular which opens with a statement that the legal difficulty has been got over. A declaration follows of the objects which the Society exists to promote, viz., the rapid dissolution of the body into its component elements by a process inoffensive to the living, while rendering the dead absolutely innocuous. Then comes conditions of membership, which are merely a signed adhesion to cremation principles and an annual guinea subscription; then a form of medical certificate, stating cause of death to be signed by two doctors; and then a commercial announcement that an enterprising firm are prepared to remove your body to Woking from London at the very

moderate cost of £5 10s., your friends providing you with a shell and a shroud. When the body gets there it is cremated very rapidly, in presence of a witness if required, for the further sum of £6 pounds, after which the ashes will be faithfully delivered to any friend requiring them.

At a meeting of the Cambridge Medical Society Mr. Wallis drew attention to perineal section for cystitis in fractured spine. He had performed this operation in the case of a man admitted into the hospital with fracture of the cervical spine, and in whom severe cystitis was rapidly bringing on a fatal issue. The operation was performed in the usual manner, and a long elastic tube inserted. The result as concerning the cystitis was immediately beneficial, and the patient rapidly rallied from his dying condition and gained flesh. He died subsequently from other complications.

Sir Prescott G. Hewett communicated at the last meeting of the Royal Medical Society a case of displacement and fracture of the axis which occurred ten years ago in a man aged seventy-five, and was produced by falling on the vertex from a wall six feet in height. After recovering consciousness the patient experienced great pain in the neck. The head was bent back and carried stiffly, nasal respiration was obstructed, and the mouth kept open to render it easier. Deglutition was difficult, the voice had a nasal intonation, and a hard swelling could be seen and felt projecting from the back of the pharynx. There was no paralysis nor anesthesia. The patient died in July, 1884, from senile gangrene, a disease having no connection with the injury. At the post-mortem examination it was found that the axis was bent back to an angle of 60°, the bodies of the second and third vertebræ were ankylosed, and the arch of the third was partially telescoped into that of the second, to which it had become ankylosed. The cord was gently bent opposite the site of injury and the spinal canal at this point was quite wide and roomy. Two similar cases had been observed by Sir Prescott Hewett, and a specimen of an injury of this nature had been discovered by Sir James Paget in a churchyard.

Artificial sea air is suggested as a welcome addition to the sick-room, and it may be prepared by using a solution of peroxide of hydrogen (ten volumes in strength) containing one per cent. of ozonic ether, iodine to saturation, and 2.50 per cent of sea salt.

Two ounces of this mixture are to be diffused by means of a fine spray during a quarter of an hour. It is a good disinfectant and deodorizer, gives a pleasant sea odor and purifies the apartments.

The Treasury has appointed temporarily six additional medical inspectors to take precautionary steps against the infection and spread of cholera, should it make its appearance.

LONDON, February, 1885.

Selections.

INOCULATION OF COMMA-BACILLUS CULTIVATIONS.—Dr. van Ermengen has announced to the Academy of Medicine, Brussels, that he has succeeded in inoculating animals with cultures of the comma-bacillus. He first directly injected a few drops (one drop of culture to one grain of injection fluid) into the duodenum. The four rabbits died with choleraic symptoms, after evacuations containing comma bacilli. The autopsy showed a healthy peritoneum, inflammation of the small intestine, and acute catarrh. He then injected very small portions of a drop; of twelve animals so operated on only two survived. His control experiments have shown that the other curved organisms that are found in the intestinal tract never have the same microscopical characters as the comma bacillus, and that if these are inoculated no results are obtained, and the same with the injection of other putrid or fecal substances. In one case he found the straight bacillus of septice-mia. — *Medical Press and Circular*.

CAFFEIN IN HEART DISEASE.—Riegel, after extended trial of this remedy and its preparation, formulates his conclusions as follows:

1. Caffein is a heart regulator and diuretic in the same sense that digitalis is.

2. Caffein in suitable dose and form increases the power of the heart, slows its action, and increases arterial tension, producing this effect soon after its administration.

3. Caffein acts rapidly as a diuretic.

4. The indications for the use of caffein are in general the same as those for the use of digitalis.

5. Caffein is best administered in small and frequently repeated doses. In most cases one to one and a half grams of the

double salt daily is sufficient, though it is safer to begin with smaller doses.

6. The main difference between the effect of caffein and that of digitalis is that the former is much more prompt and is not cumulative.

7. In many cases in which digitalis fails caffein will succeed.

8. It is not advisable to give morphia at the same time with caffein; the latter, in that it restores the failing compensation, is practically a narcotic in these cases.

9. Caffein, and especially its soluble double salts, sodio-caffein benzoate, salicylate, and cinnamylate, the solubility of which favors their subcutaneous use also, are as a rule better borne than is digitalis.

Becher's results are not materially different from those of Riegel. Diuresis goes hand in hand with the tonic effect of the drug upon the heart, and this observer also found that caffein succeeds sometimes when digitalis fails. He does not seem to have used the double salts, but thinks that of the more common preparations the hydrobromate is less likely to make the patient wakeful.—*Boston Med. and Surg. Journal*.

THE PATHOGENESIS OF EPILEPSY.—As the result of his experimental investigations (previously referred to in these columns) into the subject of the pathogenesis of epilepsy, Dr. P. Rosenbach, of St. Petersburg (*Virchow's Archiv*), arrives at the following conclusions: (1) The attacks of epilepsy that are produced in dogs by electrical stimulation of the brain are the results of an irritation of the cortical centers, and afford, according to the conditions of stimulation, the greatest similarity to the cortical or to idiopathic epilepsy of the human subject. (2) No essential difference, pathogenically considered, exists between the so-called cortical and idiopathic epilepsy, but still, inasmuch as the former is a symptom and a result of an organic cerebral affection, and in its clinical course is not identical with the latter, it must be differentiated as organic from idiopathic (functional) epilepsy. (3) The convulsive attacks of idiopathic epilepsy as well as attacks of *petit mal*, are effects of morbid excitation of the cerebral cortex. (4) The diversities of the clinical phenomena of epilepsy are due to diversity of the kind and the degree of extent of the pathological cortical excitation that originates the attack. (5) The theory that places the point of origin of the epileptic attack in the centers of the medulla oblon-

gata and pons varolii is not in accord with the clinical symptoms of the disease, and is not based on satisfactorily secure facts.—*Medical Press and Circular*.

THE BACILLUS LEPRÆ.—The occurrence of a case of leprosy in the Elizabeth Hospital has afforded Dr. P. Guttmann the opportunity of studying the characters and distribution of the bacilli in the diseased tissue, and he recently gave a demonstration on the subject at the Berlin Medical Society (*Berlin Klin. Wochenschrift*). Portions of leprosy nodules excised from the skin and transferred to alcohol were examined. He says that the detection of the bacilli is very easy, even in unstained fresh preparations; for they are endowed with a characteristic motility, at once apparent when the leprosy tissue is teased out in a drop of distilled water and examined with an oil-immersion lens (650 diam.) and Abbe's condenser. Hansen originally observed these movements even within the cells, but of course it is essential that the preparation should be a moist one. These living bacilli are thicker than those which have been submitted to shrinking in the alcohol and stained preparations; in length they vary from a quarter to half or even three quarters of the diameter of a red corpuscle. They mostly contain spores, which may be placed at the extremities of the bacillus or irregularly disposed in its substance. Koch discovered that the leprosy bacillus has the same color reaction as the bacillus tuberculosis, *i. e.*, it has a great affinity for methyl-blue in slightly alkaline and alcoholic solution, retaining this stain after the object has been impregnated with other coloring agents, *e. g.*, vesuvin. Dr. Guttmann confirms the statement of Baumgarten that the bacillus lepræ takes up the coloring matter more rapidly than the tubercle bacillus; but the resemblance between the two is very close. It is thought that the constancy with which the former are found lying transversely in the leprosy cells, even in the teased-out preparations, may aid in distinguishing them; but in tubercle the bacilli are also to be found within cells, especially the giant cells. In the leprosy nodule the cells are often thickly crowded with bacilli, and after double staining of the sections with fuchsin and methyl-blue the bacillary cells appear red, those free from bacilli being blue. The bacillary invasion commences in the upper layers of the corium, and but rarely attacks the Malpighian layer of the epidermis or the cells of the cutaneous

glands. The organism has been found in the leprosy tissue, in the mucous membranes of the mouth and larynx, in lymphatic glands, in the liver, spleen, testicle, and in the cornea and nerves. It has also been found in the blood, but it is probable that this observation, unconfirmed by many, is to be explained by the bacilli being pressed out of lymphatics into the puncture made for the purpose of obtaining the drop of blood for examination. There can be no doubt, adds Dr. Guttmann, that these bacilli are the cause of leprosy, although confirmatory evidence has not yet been obtained of the transmission of the disease by the inoculation of animals. Leprosy, however, has never yet been observed in animals.—*Lancet*.

To cut short the paroxysms in whooping cough, Prof. DaCosta recommends the inhalation of

R. Sodii bromid., grs. xx;
Fld. ext. belladonna, gtts. ij.

Sig. Use as a spray just before the occurrence of the paroxysm.

In the interval quinine should be pushed to the point of tolerance.—*Med. and Surg. Reporter*.

PROF. TIFFANY, at the Hospital of the University of Maryland, recently removed a stone weighing 556 grains from the pelvis of the right kidney of a man aged 26.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department of the United States Army, from March 8, 1885, to March 14, 1885:

Army Medical Board to meet in New York City, April 6, 1885. Detail for Board: Lt. Col. Jos. B. Brown, Surgeon, Maj. Anthony Heger, Surgeon, Maj. Jno. H. Janeway, Surgeon. Surgeon Heger to be relieved from duty in Dept. East, and Surgeon Janeway to perform duties on the board in addition to his present duties. (S. O. 56, A. G. O., March 11, 1885.)

Brown, H. E., Major and Surgeon, granted leave of absence for one month, with permission to apply for two months' extension. (S. O. 48, Dp. East, March 6, 1885. *Taylor, Blair D.*, Captain and Asst. Surgeon, leave of absence extended two months. (S. O. 54, A. G. O., March 9, 1885.)

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service for the week ended March 14, 1885.

Bailhache, P. H., Surgeon. Detailed as President Board of Examiners, March 10, 1885. *Purviance, George*, Surgeon. Detailed as member Board of Examiners, March 10, 1885. *Austin, H. W.*, Surgeon. Detailed as Recorder Board of Examiners, March 10, 1885.

THE
LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNĀ."

SATURDAY, MARCH 28, 1885.

Original.

OBSERVATIONS OF FIFTY OPERATIONS
ON THE EYE UNDER KOLLERISM.*

BY BENJ. J. BALDWIN, M. D.

Surgeon to the Montgomery Eye, Ear, and Throat Infirmary, and Visiting Surgeon to the Alabama Institute for the Blind; formerly Lecturer in the Summer Faculty, University of Louisville, Resident Surgeon to Manhattan Eye and Ear Hospital, New York City; Assistant at the Golden Square Throat Hospital, London, England.

In this article I introduce the words Kollerization, Kollerism, and Kollerized. I have not heard of their being used before, and it has occurred to me that it would be convenient to employ these terms, since if the profession will accept them they will not only facilitate the expression of an idea, but at the same time serve as a tribute to the fame of Dr. Koller, who deserves the lasting gratitude of the profession. The names of many of our great doctors and surgeons are immortalized in connection with diseases or operations which they discovered or created. We hear and read every day of Bright's disease, of Addison's disease, of the Hunterian chancre, of Sims' position, of Graefe's operation, of Galvanism, of Faradization, etc. This is a graceful and well-merited way for the profession to acknowledge the service and genius of those who have so promptly and so generously made known the results of their labor. It may not be highly scientific to style diseases and methods after discoverers or inventors, but the principle has merit. Let us, then, adopt the words Kollerization, or Kollerism, as meaning the process by which any part of the body is brought under the influence of cocaine; and when such part is fully under the anesthetic effect of this drug, we may then say it is Kollerized. I

*Read before the Montgomery (Ala.) County Medical and Surgical Society, February 21, 1885.

hope the profession will be as generous to Dr. Koller as they have been to many others.

I will not attempt an essay on cocaine to-night, but submit a number of cases operated on by me under its influence.

About the latter part of September, 1884, Dr. Henry D. Noyes, a celebrated oculist of New York, who was present at the Ophthalmological Congress, then sitting in Heidelberg, informed the readers of the Medical Record of the wonderful results obtained before that body by applying a solution of muriate of cocaine to the eye. The experiments before the Congress were made by Dr. Brettauer, a friend of Dr. C. Koller, of Vienna, the discoverer of the anesthetic effect of cocaine. Cocaine is obtained from the leaves of the *Erythroxylon Coca*. These leaves have been used as a stimulant by the natives of South America for centuries. They have also been tried and warmly recommended by them for various diseases, but without satisfactory results. The leaves are the only medicinal parts of the plant. They yield only two per cent of cocaine, which makes the drug very expensive. Cocaine is manufactured at present principally by Merck, of Germany; but McKesson & Robbins and Parke, Davis & Co. have lately begun to manufacture a satisfactory article. It is used principally as a four-per-cent solution, and when dropped into the eye produces no pain or subsequent irritation. I regard the discovery of the anesthetic effect of cocaine as the greatest boon of the present age. I have read of the disappointment which its use has occasioned in the hands of a few; but with me its success has been divine. The cases submitted will speak for themselves:

CASE I. Mary Holt, aged sixty years, of Montgomery, consulted me about her eye on November 8, 1884. I found, after an

ophthalmoscopic examination, that she had double glaucoma. I decided to operate under the influence of cocaine at once, as I had just received half an ounce of the solution from Germany. The cornea and conjunctiva were tested, and found to be acutely sensitive. The patient was tilted back in an arm-chair, and at 3:15 P. M. five drops of a four-per-cent solution of cocaine were dropped directly on the cornea; at 3:19 five drops more; at 3:23 five drops; sensibility greatly diminished; at 3:27 five drops more; insensibility complete; at 3:30 five drops more. Believing that my patient was thoroughly kollerized, I introduced the speculum between the lids without producing the slightest pain; and all operators know that this generally gives more pain than any part of the operation. Neither the fixation forceps nor the section through the cornea produced the slightest pain, and the operation was completed without even a feeling of discomfort. The pupil was not dilated beyond the dilatation usually seen in this disease. November 13th my patient was doing well, and she made a good recovery.

CASE II. Webb Downing, aged thirty years, living at Thompsons, Alabama, was struck in the eye one year ago. Iritis had followed, and the result was a closure of the pupil. The eye still retained perception of light, and I persuaded the patient to allow me to operate for artificial pupil. I instilled a four-per-cent solution of cocaine into the eye six times during a period of fifteen minutes. The eye was now thoroughly kollerized, and I performed an upward iridectomy without giving the patient any discomfort. Six days afterward the eye, which before the operation was entirely blind, could see ordinarily well.

CASE III. Thomas Blake, age sixty years, of Fort Deposit, Alabama, came to me on November 12, 1884, with a mature cataract in one eye, and an incipient cataract in the other. I was a little uncertain about trying cocaine in extraction of cataract, but I finally gained my consent with that of my patient. In this case the anesthesia was very rapid, as the eye, into which cocaine had been instilled twice, was entirely without sensation. I applied it, however, twice more, and began the operation. I asked the patient if he felt any pain, and he always replied, "I feel nothing." Mr. Blake did not have even the slightest irritation during his convalescence, and his case is one of the very few which I have seen recover without the slightest iritis. January

2, 1885, patient is able to read J. No. 1, and, with plus three, is able to read twenty fiftieths.

CASE IV. B. McA., of the Montgomery Iron Works, was struck in the eye by a piece of chipping from an iron casting. A small piece of the chipping was found imbedded in the cornea, and the patient was suffering intensely, as such injuries always cause excruciating pain. The eye was very much inflamed, and the photophobia was intolerant. I could not touch the lids without giving my patient great agony. This was a beautiful case for cocaine, and my anticipation was in no wise disappointed. In three minutes after cocaine had been applied, Mr. McA. could open his eye, and I was able to examine it without producing pain. Six instillations in all were made when the eye was completely kollerized. I extracted three pieces of iron from the cornea, which, of course, gave instant relief. A few small opacities still exist in the cornea, the result of the traumatism.

CASE V. Mrs. H. W., of Montgomery, had suffered with overflow of tears in her left eye for several years. An examination disclosed the usual history of such cases, viz., nasal catarrh, chronic conjunctivitis, inflammation of lachrymal sac, stricture of tear duct, and dead bone. I dropped a solution of cocaine into the inner canthus four times, and I then slit the canaliculus without producing pain. Then I injected a few drops of the solution of cocaine into the lachrymal canal with an Anel's syringe and waited a few minutes, after which I repeated the injection. I then passed a Weber's probe through the duct. The patient said the passage of the probe hurt her a good deal, but I am convinced that the pain was not near so great as when cocaine is not used. The hemorrhage was materially lessened.

CASE VI. Rena Johnston, of Montgomery, lost her left eye two years ago from a burn by lime. A small surface of the cornea remained clear, however, and beneath this I proposed to make an artificial pupil. A four-per-cent solution of cocaine was applied as usual, until thorough kollerization was accomplished. I then performed an iridectomy without pain. Four days after the operation the patient could count fingers at ten feet with the eye operated on. She made a good recovery, and had vision enough to see her way when walking.

CASE VII. Joe S., of the Montgomery Iron Works, was struck in the eye by a piece

of iron casting, which had lodged in the cornea. The eye was much inflamed, quite irritable, and very painful to the touch. Photophobia was intense, and tears streamed from the eye profusely. Only three applications of cocaine were made, when the eye was found to be kollerized. The foreign body was easily removed.

CASE VIII. Sophie Walker, of Montgomery, consulted me about a small tumor on her lower lid. It was not larger than a pea, but she was very nervous over the idea of an operation. I applied a four-per-cent solution of cocaine to the inner surface of the lid, and after kollerization removed the tumor without pain.

CASE IX. J. C., of Opelika, Ala., consulted me in December. The ophthalmoscope revealed double glaucoma. He had been operated on in one eye a year previous, and six months after the operation glaucoma had appeared in the other eye, which up to that time was healthy. I advised an iridectomy, but Mr. C. hesitated on account of the intense suffering he had gone through with before from the ether. I told him I could perform the operation without giving him pain. He was very incredulous, but I was very positive in my promising, so I finally gained his consent. A four-per-cent solution of cocaine was instilled into his eye six times. I then performed an iridectomy; and when the patient discovered that the operation was over he exclaimed, "Why, doctor, this is incredible; I can't believe you are through." He did well, and still retains what sight he had.

CASE X. Nancy F., age forty-five years, living in Autauga County, was sent to me by her family doctor. She had suffered with sore eyes, and had had a central ulcer of the cornea. The ulcer, as usual, left a large central opacity, and vision was very much interfered with. In fact she could only discern large objects when moved before the eye. A solution of cocaine was applied in the usual way until the eye was kollerized, and an iridectomy performed without pain. One week after the operation the patient had sight in that eye sufficient to recognize acquaintances.

CASE XI. J. J. M., of Florence, came to see me on account of an accumulation of tears in his right eye. He had been suffering for three years, and had twice been threatened with lachrymal abscess. I applied a solution of cocaine to the inner canthus until kollerization was complete, and then slit up the canaliculus without

pain. Then, with an Anel's syringe, I introduced a few drops of cocaine into the lachrymal canal. I repeated the introduction of cocaine twice, allowing a few minutes to elapse between each introduction. The passage of Weber's probe, large size, through the duct gave no pain. I believe that these cases of dacryo-cystitis may be operated upon without giving the least pain, if time and care are taken in making the applications. The hemorrhage was noticeably lessened, which was no doubt due to the action of the cocaine. I have since operated upon three similar cases with satisfaction.

CASES XIV AND XV. Sarah Gilmer, age thirty years, of Montgomery, came to me with an ulcer of the cornea. The ulcer had penetrated the anterior chamber, and the iris was protruding. There had been a constant leakage of the aqueous through the ulcer, so I thought an excision of the protruding iris would facilitate healing. A solution of cocaine was applied, and the parts were thoroughly kollerized in nine minutes. The excision was painless. I have since performed the same operation with equal satisfaction.

CASES XVI AND XVII.—Arthur Williams, age sixty-four years, of Montgomery, had been operated upon for cataract six years ago. Iritis had followed the operation, and had closed both pupils. I performed double iridectomy after kollerization. The operation was painless. The following week I performed a similar operation under the same circumstances, and with a like result.

CASE XVIII. James W. P., of Troy, Alabama, was struck in his left eye two years ago, and as a result of the traumatism, he had a large central leucoma, which made him practically blind in that eye. I persuaded him to submit to an operation for artificial pupil, and, under the influence of cocaine, I performed an iridectomy which gave him very fair vision. The operation was painless.

CASE XIX. H. C. B., of Troy, consulted me on account of great dimness of sight. He said that he could only remain a few hours in the city, and that he could not afford to have belladonna put in his eyes, as he could not give up his work, which was book-keeping. I thought I had the right thing in cocaine, and so I instilled it seven times within twenty minutes, hoping to get some dilatation of the pupil; but after waiting forty minutes I relinquished the idea,

with much disappointment. This case reminds me to state here that in nine cases out of fifty I have operated upon there has been no dilatation of the pupil whatever. I do not believe that cocaine can be relied upon as a mydriatic, notwithstanding what has been said to the contrary.

CASE XX. Mrs. G. C., of Montgomery, came to consult me about a tumor on the lower lid the size of a pea. I told her I could remove it without pain. She did not believe me, however, and submitted to the operation with no little reluctance. After six applications of a solution of cocaine to the edge and inner surface of the lower lid I removed the tumor entirely without pain. I have since removed three similar tumors in the same location, after kollerization, with much satisfaction.

CASE XXI. *The Shady Side.* Spencer McB., of Pike Road, Ala., had a fire-cracker to explode in his right eye on Christmas day. When he came to me the cornea and conjunctiva were studded with grains of powder, and he was suffering intensely. A solution of cocaine was dropped into the eye, and after two instillations the patient said he was entirely free from pain. Five instillations were made, and I extracted the grains of powder without giving him any discomfort. Mr. McB. said that he had not felt the slightest pain during the operation, but no sooner was it completed when the patient said he felt sick at the stomach. I asked him again if he had felt any pain. His reply was, "I have felt no pain whatever, but I am so sick." He was laid on the floor. A profuse cold perspiration then covered his forehead, and he complained of intense nausea. His pulse was slightly accelerated. I did not think then that it was due to the cocaine; but after seeing similar cases reported by Drs. Knapp and Peck, of New York, I believed that this was a case of cocaine poison. Mr. McB. was better though in eight minutes, and in twenty minutes after the operation left my office feeling as well as ever.

CASE XXII. Jack B., age seventy years, of Union Springs, Ala., came to me to be operated upon for cataract. He had a mature cataract in the right eye and an incipient cataract in the left. The right eye was kollerized after seven instillations of cocaine, and the cataract extracted without the least pain; clipping of the iris, even, did not give pain. In this case there was not the least dilatation of the pupil. Considerable inflammation and swelling of the

conjunctiva was noticed on the third day, and although the corneal wound healed rather lazily, yet the patient made a good recovery, with vision equal to twenty-two hundredths.

CASE XXIII. Edmunds Davis, of Lowndes County, Ala., consulted me on account of double pterygium. Both eyes were kollerized and the pterygium removed. The operation was absolutely painless. I have removed four pterygia since the above operation, and in none of them did I give the patient any pain.

CASE XXIV. Mrs. J. C. Supple, of Montgomery County, came to me with rheumatic iritis. There was hypopyon in the left eye, and I advised a paracentesis. The eye was kollerized in the usual way, and the operation was performed with the utmost satisfaction.

I have used cocaine in many operations since these first cases were recorded, principally, however, in small operations, such as pterygium, paracentesis, removal of foreign bodies from the cornea, small tumors on the lid, etc. In all of my operations performed under kollerization, which now number fifty, I have observed only three failures, and these failures occurred in cases in which the cornea and conjunctiva were much diseased and covered with cicatrices. I attribute the failure of the cocaine in these three cases to the bad absorptive powers of the epithelium.

Physiological Action of Cocaine. Cocaine acts as an anesthetic and analgesic on all mucous membranes to which it is applied, and also on the skin and deeper tissues into which it has been injected or to which it has been applied through incisions or wounds. "It paralyzes the sensory nerves and the posterior columns of the spinal cord." The tension of the eyeball is diminished under its influence. It suspends, temporarily, the secretion of mucous membranes. "It acts locally on the peripheric, sensitive, and sympathetic nerve fibers." (Hall.) "It abolishes reflex irritation." (Knapp.) Its anesthetic effect only lasts about ten minutes, but it may be indefinitely prolonged by repeating the applications. "It has no cumulative effect, and exerts no bad influence on the nutrition of the parts subjected to its action." (Knapp.) It very occasionally produces nausea, headache, dizziness, vertigo, great pallor, and cold perspiration, but these unpleasant symptoms only last for a few minutes, and they are of no serious consequence. As far as my experience

goes cocaine can not be relied upon to dilate the pupil. In a certain number of cases it has failed to produce any dilatation whatsoever, while in a larger proportion of cases it has only produced a partial dilatation. Its action on the accommodation is also unreliable.

MONTGOMERY, ALA.

CASES OF SCARLET FEVER.*

BY PRESTON B. SCOTT, M. D.

At our last meeting the request was made that I should introduce the subject, scarlet fever, at this time. Then reference was made to certain cases of malignant severity which had occurred in one district of the city, an exaggerated report of which in an afternoon paper had excited unnecessary public alarm.

Since the epidemic of the winter of 1873-4 not a month has passed without sporadic cases. It is a subject of congratulation that the disease has, for the most part, been mild in type, and has rarely been followed by harmful sequelæ.

I can not more fully illustrate the character of the disease, as it has appeared to me in this decade, than by a brief recital of all the cases which have occurred in my practice, during the past month. This number is unusually large, heretofore a month often passing without a single case. The type has been so generally mild and the recoveries so satisfactory that the disease has lost much of its terror.

The most virulent case seen by me for several years was recently, in consultation with Dr. Wm. Bailey—the mother dying of the disease of a malignant type, contracted from a mild form in one of her children. This instance, at the age of thirty-eight, and another last fall, at the age of thirty-two, of moderate severity, have been the only adult cases occurring under my observation.

CASE II. A girl, age eight years, had when first seen a frank efflorescence with mild sore throat, a pulse of 100, and a temperature of 101°. On the morning of the second day this condition had not changed. At 10 P. M. I was called, and found the child delirious, pulse 144, small and feeble, temperature 104°, and much irritability of stomach. After bathing the temples and forearms with cool water for half an hour

the temperature dropped one half of a degree, and the pulse became full and reduced to 130. The sponging was repeated every hour for fifteen minutes; and when I saw her again, in three hours, she was resting well with a quiet stomach and brain, pulse 120, and temperature 102.5°. The disease then ran a favorable course without complication to recovery, the only therapeutic measures being the limited sponging and general inunction.

CASE III. A girl, age six years, eruption slow in appearing, efflorescence general on the third day, pulse 120, temperature 103°; course mild and uninterrupted to recovery.

CASE IV. A girl, aged eleven years—a parallel to Case III.

CASE V. A girl, aged four years, was found sick with severe vomiting. There was no appearance of eruption and no sore throat. Having seen her in previous attacks of indigestion, I ordered bismuth and mint to allay vomiting, one fourth of a grain of calomel at night, and carbonate of magnesia the following morning. When seen the next day the bowels had moved to excess and vomiting was still present. There was a faint trace of eruption, but the tongue had passed from pale the day before to an angry red. The throat became sore, and the lymphatics of the angles of both jaws were swollen and tender. There was a temperature of 104°, a feeble pulse of 150, and stupor with delirium.

The child was placed in flannels wrung out of hot mustard water, these being renewed from time to time during the night. A collar of absorbent cotton was placed around the neck, and ice, whisky, and acetate of ammonia given as freely as the stomach would allow. During the following day there were the same conditions of eruption, pulse, temperature, and the nervous system. The same treatment was persisted in, and on the morning of the fourth day I found less delirium, a pulse of 103°, and an eruption, characteristic but still faint. The only measures of treatment followed from this time until complete recovery were an occasional stimulant and a frequent syringing of the nose for a severe coryza with a solution of boric acid.

CASE VI. A girl, aged two years, eruption prompt and general. On the second day the temperature rose to 104°. By sponging the temples and forearms several times during four hours this declined to 102°. Four times during the following morning it rose to 104, and was promptly reduced in

*Read before the Louisville Medico-Chirurgical Society February 20, 1885.

the same way. The only medicine given was some syrup of rhubarb to open the bowels. The recovery was complete.

CASE VII. A girl, aged four years, was seen with fever, sore throat, eyes and nose secreting freely, and a blotched raised eruption limited to the face. The child had been as well as usual the day before, without malaise, cough, or fever. In view of this I hesitated to pronounce the case one of measles. The next day there was some sore throat, a general scarlet efflorescence, with slight tumefaction and tenderness of the lymphatics of the angle of the right jaw. The temperature was never over 103° , but the coryza became profuse and purulent early, and the lymphatic engorgement was rapid and large. The iodide of potassium was given internally, and a powder of iodoform and sugar, one part to four, was blown into the nose every two hours. The coryza and glandular enlargement were promptly controlled.

CASE VIII. An older sister, of seven, had a severe attack of urticaria, persisting from the beginning of the other sickness to the seventh day, when she became feverish, began to cough, to have profuse secretion from the nose and eyes, with a blotched eruption limited to the face. The next day her temperature was 104° , her pulse 140, with the characteristic efflorescence of scarlet fever. The fever was promptly reduced to 102° by sponging the temples and forearms, and was readily controlled when rising above this. The right lymphatics of the neck were much enlarged, and there was slight suppuration of the ear. Iodoform powder was used here, and plainly controlled the free purulent secretion from the nose and ears. In all other respects the case progressed favorably.

CASE IX. A girl, aged four years, sister of patient in Case III, after two weeks separation was carelessly allowed to return to the room. On the third day she had decided sore throat. The course of the disease was mild and favorable.

CASE X. A girl, aged three years, had so mild a form as scarcely to be recognized; the eruption slight but general.

CASE XI. The only boy seen with the disease this year, age fourteen, brother of above; one week following the eruption in the case of the sister he was found with some sore throat and a general efflorescence. The course of the disease was mild and favorable.

CASE XII. Girl, age two years, tempera-

ture reached 102° on the third day; passed through a mild grade of the disease without complication or sequelæ.

CASE XIII. Girl, age ten years, sister to subject in Case IV. Was seen in the morning with sore throat, vomiting, and profuse purging; pulse 120, temperature 102.5° . At night the vomiting had been controlled, the purging diminished; pulse 140 and temperature 104° . The eruption slight.

The second day, 10 A. M. Pulse 130; temperature 103° . 9 P. M. Pulse 145 and temperature 104.8° . During the night the forearms were sponged with cool water every hour for three hours, with decline of temperature to 102° .

Third day, 10 A. M. Pulse 116; temperature 102° ; bowels still too active, throat very sore; decided enlargement of lymphatics of neck on right side; efflorescence general and decided. Gargling with a solution of boric acid was frequently done, and bismuth given to control bowels. 9 P. M. Pulse 130; temperature 104.7° . Forearms sponged ten minutes every hour. At midnight the temperature was 102.2° . During the remainder of the night the child rested well.

Fourth day. Temperature 101.5° ; recovery uninterrupted.*

The experience of the past month is a pretty fair representation of what it has been for the past ten years. The type has generally been mild, and the course and recoveries have been particularly good as to complications and sequelæ. There has been a marked absence of serious complications, and in only one instance has there been any nephritic complication. This is due in part to the type of the disease, but more to the enforced care for six weeks or more against exposure to cold.

In all the cases cited inunction was used with soothing influence on the nervous system and with relief to the itching. While it does not have any appreciable influence on the temperature, it is certainly grateful to the dry, harsh skin. The butter of cocoa I prefer on account of its pleasantness and its more ready application under the clothing and bedding. The influence of mustard fomentations persistently applied has been marked as a derivative favoring reaction and promoting the efflorescence.

In the cases cited above, and in others heretofore seen, the effect of *limited* cool spongings has been so uniform and satis-

* This case has, since this report was made, had a mild sequel of acute nephritis—the only instance in all the cases.

factory that I have rarely found it necessary to resort to a more general use of water, or to any internal antipyretic. In those cases of frank eruption where the temperature on the third and fourth days reaches 104° and even 105° , sponging the forearms with cool water will, if persistently done, using the thermometer as a guide, reduce the temperature to 102° and 103° . It is a safe proceeding, and certainly more grateful to the patient than such disturbing and repulsive antipyretics as quinine and salicylic acid.

While in such cases there may be in the patients good vigor and a natural power of recovery, still, such a control of temperature is not only grateful to the sense of comfort, but conserves the nervous force and reduces the liability to complication and sequelæ. This does not apply to the secondary fever when we have general blood-poisoning with some local complication. The most frequent is that of the lymphatic glands of the neck.

The early local attention to the throat should not be so much to relieve the local distress, as actively antiseptic. Sprays, gargles, and moppings with a solution of boric acid are not only painless but efficient in preventing the extension of the disease to the middle ear. Especially is this important in strumous and syphilitic subjects. In cases of purulent coryza there is still greater danger of absorption and lymphatic engorgement. The most effective agent in controlling this and the readiest applied is the insufflation of iodoform and sugar, one part to five, with sufficient cumarine to disguise the unpleasant odor. This can be done by means of a common clay pipe, with rubber tubing on the mouthpiece to avoid bruising the nose. It gives no pain, the fine powder reaching the posterior nares and acting as a most diffusive antiseptic to the mucous surface. The spray of boric acid is also good here, but has not been so ready and efficient in my hands as the former.

I am so well assured I have in a number of cases guarded against permanent injury to the ear by such preventive measures that I am encouraged to greater diligence in future. In Cases VII and VIII the strumous diathesis was so marked that this care failed to prevent involvement of the middle ear and subsequent suppuration. In these cases the iodoform powder was blown frequently into the ear after careful cleansing, with the result of a gradual arrest of the discharge.

LOUISVILLE, KY.

Miscellany.

A CASE OF ATHETOSIS.—In the London Lancet Dr. James Weir reports an interesting case of athetosis. The patient had been suddenly seized with a violent pain in the right forearm, with convulsive movements of the fingers of the right hand. The pain and movements of the fingers had continued without intermission for six weeks. These movements were not arrested during sleep. He had no control over the flexors, and but slight motion in the extensor muscles of the fingers. The patient was unable at any time to stop the movements. Unfortunately the patient passed from under notice before extended observations or treatment could be thoroughly instituted.

SANITARY COUNCIL OF THE MISSISSIPPI VALLEY.—The following advance sheet from report of proceedings has been issued by the Council:

OFFICE OF THE SECRETARY,
SPRINGFIELD, ILL., March 16, 1885.

GROVER CLEVELAND, *President of the United States.*

Sir: During the recent Seventh Annual Meeting of the Sanitary Council of the Mississippi Valley, held in the city of New Orleans, March 10th–11th inst., the health organizations and commercial and transportation interests of twelve of the Valley States being represented, a special committee was appointed to formulate an expression of the views of the Council concerning the action necessary to be taken by municipalities, States, and the General Government with reference to the imminent danger of an invasion of Asiatic cholera during the coming season. The report of this committee was unanimously adopted by the Council, and it was subsequently

Resolved, That the Executive Committee be and hereby is, instructed to forward to the President of the United States a copy of so much of the formulated views of the Council as relates to the use of the contingent epidemic fund of the National Board of Health.

In accordance with this instruction we have the honor to submit the following extract from the report as adopted by the Council:

The Sanitary Council is gratified to learn that Congress has appropriated a sum of money to be placed in the hands of the President of the United States, to be used at his discretion, in aid of State and local boards of health in the event of an actual or threatened epidemic of cholera or yellow fever, in preventing the introduction or spread of the same, and in maintaining inspections and quarantine at points of danger. Asiatic cholera threatens an incursion into the United States in the near future, and realizing, in the interests of life, health, and commercial and industrial welfare, the vast importance of such preventive measures and adequate preparation for effective quarantine before the advent of foreign pestilences, so that they shall not come upon us defenseless and unpre-

pared, the Sanitary Council respectfully and earnestly petitions the President of the United States to immediately convene the National Board of Health and authorize it to use so much of the epidemic contingent fund as may be necessary for preparing and promptly enforcing a vigorous system of preventive measures in co-operation with and in aid of State and local health organizations with especial reference to Asiatic cholera.

It is not believed that any argument on the merits of this request is necessary; but should Your Excellency desire such, the committee will take pleasure in responding to an intimation to that effect.

Very respectfully,

PINCKNEY THOMPSON, *President*,
(Kentucky State Board of Health.)

JOSEPH HOLT, *Vice President*,
(Louisiana State Board of Health.)

JOHN H. RAUCH, *Secretary*,
(Illinois State Board of Health.)
Ex. Committee Sanitary Council.

CIVIL SERVICE REFORM AND THE MARINE HOSPITAL SERVICE.—In a recent issue of the Washington "Star," it is stated that efforts are being made to secure the appointment of Supervising Surgeon-General of the Marine Hospital Service for Dr. A. N. Bell, of New York.

We hope President Cleveland's administration, with which we are in thorough sympathy, will not make such an unwise appointment.

The present head of the Marine Hospital Service has administered the duties of his position with energy and zeal, and although the extra duties imposed upon the service by Congress and the President, could, in our opinion, have been more efficiently and satisfactorily performed by the National Board of Health, we are not disposed to censure Surgeon-General Hamilton for carrying out the instructions of his official superiors.

We think the Medical Services of the Government should be especially secure against partisan inroads, and we trust that Dr. Hamilton will not be removed to make a place for an outsider. Such action would completely set aside the principles of civil service reform and violate the pledges upon which Mr. Cleveland was elected to the presidency.

Even if it is regarded by the treasury department as advisable to remove Dr. Hamilton, we think a far better selection could be made among the officers of the service than that above named.

The late Surgeon-General Woodward, under a republican administration, took the Marine Hospital Service out of politics. It would be a serious blunder to restore the

spoils system under a democratic reform government.

We invite the attention of Secretary Manning to these considerations. — *Editorial Medical Chronicle for March.*

THE INDEX MEDICUS.—We are glad to present our readers with the following circular, which represents the revival of a most important publication. The thanks of the profession are certainly due Mr. Davis for his disinterested kindness in assuming the pecuniary risk of the Index, and it will be little to the credit of American Medicine if in this risk he finds a loss.

We take pleasure in announcing that Mr. Geo. S. Davis, of Detroit, has undertaken to continue the publication of the Index Medicus, on the same general plan, and with the same regard to typographical accuracy and finish, as heretofore.

On account of the delay required to perfect this arrangement, the first number of the Journal for the current year will comprise the literature of January, February, and March, after which it will appear monthly, as usual.

At the end of the year, in addition to the usual annual index of names, subscribers will be furnished with an index of subjects to the volume.

So many expressions of regret and urgent remonstrances in regard to the threatened discontinuance of the Index Medicus have been received, that we think we may venture to congratulate the profession on Mr. Davis's public spirited determination to carry on the enterprise in spite of the fact that thus far it has not been pecuniarily remunerative.

It is requested that all exchanges and books and pamphlets for notice be sent to the Index Medicus, Washington, D. C.

JOHN S. BILLINGS, M. D.

ROBERT FLETCHER, M. D.

WASHINGTON, D. C., March 4, 1885.

COCAINE IN CORYZA.—W. S. Paget (British Medical Journal) tested cocaine in a severe case of acute coryza. Cotton soaked with a four-per-cent solution was inserted into each nostril; after two or three minutes great relief was obtained. This relief was permanent.

TINCTURE BENZOIN IN INFLUENZA AND CATARRH.—In British Medical Journal Mr. Alfred Kebbell recommends inhalation of tincture of benzoin in acute nasal catarrh and influenza. It may be inhaled directly from the bottle. If begun early in the attack relief is obtained speedily.

THIS AND THAT, of the Courier-Journal, says the dotted lines on the sanitary map published in our last issue are supposed to be the foot-prints of the bacterium termo.

The Louisville Medical News.

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PYREXIA IN HYSTERIA.

The Lancet of February 8th gives in epitome the report of a case of hysteria which gives pyrexia a position of importance among the phenomena of this most phenomenal affection. The case occurred in the practice of M. Debove, and was held under observation by this physician for a period of five years.

The patient was twenty-four years of age, and had suffered from neurotic disturbances ever since the age of seven years. Three years ago she suffered from a severe febrile disturbance, which exhibited the three stages of cold, heat, and sweating very clearly; since that time the temperature, taken at regular intervals, has never been below 100° F., and two or three times a week the temperature has intermittently reached to nearly 104° F. The possibility of malaria was excluded by M. Debove on the ground that the spleen was not enlarged, and that quinine had no influence over the fever. Deception seemed to be out of the question, as M. Debove himself took the temperature on several occasions. The question was discussed at the Académie de Médecine, whether in hysterical individuals, the heat centers might not be functionally disturbed, thereby occasioning the alterations in the normal heat of the body—whether, in fact, hysteria of the thermic centers is possible.

In commenting upon this case the editor says that although ancient writers allow the

existence of hysterical fever, the idea has been ridiculed by modern authorities.

This account calls forth, in a subsequent issue, a reply from Dr. Robert Saundby, who claims that the phenomenon is well known in Britain, and expresses surprise that it should be regarded as a novelty.

Dr. Saundby refers to a case in hospital practice in which a careful record of the temperature curve was kept, some of the observations being made hourly; the patient showed a notable degree of fever during her hysterical paroxysms, and the doctor was confident that he had excluded all complications which could in any way account for the pyrexia. He further states that he is prepared to give abundant evidence of its occurrence in other cases, and that he regards not only febrile movement but hyperpyrexia as by no means uncommon in hysteria.

Having never before seen the question of pyrexia in hysteria brought forward for discussion in medical periodical literature, and believing that with the majority of practitioners hysteria uncomplicated is regarded as a distinctly non-febrile affection, we have thought it worth the trouble to question a few authors (such as are at hand at this writing) upon this point. Here is the result:

Sir Thomas Watson (1845), speaking of hysteria simulating peritonitis, says:

You will find the patient complaining of acute pain of the abdomen, aggravated by the slightest pressure, and she shall have, perhaps, a hot skin, a quick pulse, and a furred tongue.

Austin Flint (1868), speaking of the possibility of confounding coma dependent on meningitis with hysterical coma, says:

The thermometer will aid in the exclusion of meningeal or any other acute inflammation. If an acute inflammation exist, the heat of the body is more or less raised, whereas hysteria, existing alone, does not give rise to any increase of heat.

Da Costa (1884), comparing hysteria with neuralgia with a view to the effect of each upon temperature, says:

Certain diseases change the temperature locally. Thus in neuralgia the heat near the painful part may be markedly raised. So, too, it is sometimes in some parts of the surface in hysterical women.

Frederick T. Roberts (1884) of hystero-epilepsy says :

In rapidly succeeding fits of true epilepsy the temperature rises to a high degree, accompanied with serious symptoms and often followed by a fatal termination, whereas in hystero epilepsy the temperature rarely exceeds the normal standard.

Loomis (1884) touches the subject very lightly. Under the head of General Symptoms of Hysteria, he observes that there may be "flushes of heat, fever, and chill, alternating with rigors." Again, referring to contractures in hystero-epilepsy, he says :

After a long duration they sometimes relax from a great moral shock. During such a fit the temperature may rise to 105° F.

James Ross (1881) says that

Sudden elevation of temperature of the body is one of the most remarkable phenomena of hysteria. . . . In a case of hystero-epilepsy recorded by Wunderlich, the patient suffered from epileptiform attacks, not attended by any increase of temperature, for more than eight weeks, when suddenly, without known cause, the patient became collapsed, and the temperature rose to 109.4° F. before death.

This author refers to cases of simple hysteria, reported by Teale and Donkin, which exhibited a remarkably high temperature, and quotes at length a case analyzed by Dr. Steele, in which the temperature curve, noted for twenty-five days, morning and evening, showed a range of from 98.2° to 116.4° F., high-fever range being the rule and hyperpyrexia frequent during the entire period. This patient made a complete recovery.

From the foregoing it would seem that the weight of testimony is in favor of Dr. Saundby's statement, though it is equally apparent that the majority of the writers quoted attach little importance to pyrexia as a symptom in hysteria.

Leaving the question as to whether "the heat centers are functionally disturbed in hysteria" to be answered by the fellows of the Académie de Médecine, when some member of that learned body shall locate the aforesaid centers, we venture to suggest that the phenomenon in many cases will probably be found on investigation to differ

in no way from the reaction which follows the so-called nervous chill. This affection, concerning which most authors are silent, is a matter of common observation with the practitioner, and though for the time being resembling in objective manifestation and subjective effect a paroxysm of intermittent fever, it is clearly of non-malarial origin. Our ignorance of the cause of the chill is well expressed in calling it a vaso-motor disturbance occasioned by functional derangement of the ganglia of the great sympathetic or thermogenic centers, located we know not where in the cerebro-spinal axis. Persons of good health and bodily vigor may have occasional attacks, but it is the delicately constructed or hysterical subject who is especially liable to suffer from this obscure neurosis.

Correspondence.

Editors Louisville Medical News :

In 1882 we had an epidemic much of the character of the plague last fall prevalent in the mountains of Kentucky and Virginia. The attack began usually with a chill, some cases, however, showing nothing more than looseness of the bowels, which was seldom checked without medication. There was also a constant disposition to a paroxysmal type of fever. In some cases the fever was of a low grade resembling typhoid, while the characteristic eruption mentioned in your article upon this subject was noted. We had at the time some bad pork, what is termed measly pork, regular hog-cholera pork, and every one was eating it. I noticed and called the attention of many to certain purple spots in the belly portions of the pork. The skin involved in these spots was in a state of decomposition which easily allowed of their being gouged out, while the surrounding parts seemed solid. This condition of the meat was doubtless a factor in the epidemic. We also had a drought and some bad water; but malaria, as in the cases reported in the mountains of Kentucky and Virginia, was the prime cause. Indeed, these cases were probably a pernicious form of malarial fever, with, as is usual in this disease, a tendency to congestion of the brain, and other internal organs.

I reported a case of this complaint recently to the *Medical World*, of Philadelphia, but not giving all of the history it showed as a case of little interest to any except those acquainted with it. I consider the outbreak here to be really a pernicious malarial fever; one case I saw presented a hopeful condition at one time during the attack. Nevertheless, a portion of the small intestine (however strange it may seem) sloughed away and was passed by the rectum. I account for this in the following way: The pains being so intense, and the bowels containing nothing but bile and bloody serum, the straining caused the small intestine to slip down and become invaginated; inflammation followed; lymph was thrown out and caused an adhesion to the sides, and the invaginated portion sloughed and came away. These pieces were one half to three fourths of the size of the intestine; one piece in particular was a tube, one half to three fourths of an inch long, with irregular edges.

The patient was given opium in full doses and nitrate silver. After this, tannin, sugar of lead, and finally Bartley's sedative, one to two drops every two hours, in the following: Potas. chlor., \mathfrak{zj} ; fld. ext. rhatany, \mathfrak{zii} – \mathfrak{ij} ; Bartley's sedative, \mathfrak{zij} ; muc. acaciæ, \mathfrak{zvi} . Tablespoonful every two or three hours, and after each action. Laudanum and starch-water injections were also used after each action. The patient was in a prostrated condition. The muscles of the abdominal wall were flaccid, the sphincter was paralyzed, and the bowels moved every time the patient changed position in bed. She had a fever regularly every evening, and sometimes a slight rise of temperature was noticed in the morning. For this I gave two grains of quinine every two hours. I found, as the fever subsided that the bowel trouble improved, the dejections assuming a healthy look. On the night before the twenty-eighth day, the patient being so much better, the bedding and clothing were changed by her attendants. I advised them to be cautious in this changing, and thought it better to put up with the filth for a few days rather than take any risk. In spite of precautions, however, she had a chill, and her urine became suppressed; about six ounces only of very red urine passed after this time. No opiates of consequence had been given for several days. The pain in the bowels commenced again; the contents running out produced a gurgling sound similar to that caused by pouring water

from a jug. The noise could be heard all over the room. This patient was a housekeeper, and did washing at times. During the cold weather of October she dabbled in the water while men-truation was upon her. Following this, her periods were checked, and a chill was produced. For this she took quinine and calomel, or perhaps a compound cathartic pill. She died on the twenty-eighth day, probably in consequence of retention or of hematuria.

This epidemic devastated many homes, especially among the colored people. In every case that I saw there was a tendency to a remittent fever and in all such cases I gave quinine in small, frequently repeated doses, believing it was the only remedy that would avert the evil; two grains every two hours were given except when fever ran very high, then it was stopped until the fever was slightly reduced. I also gave the chlor. potas., fld. ext. rhatany, and Bartley's sedative and muc. acaciæ mixture in every case as before described. When quinine was given in large doses, it seemed to produce almost fatal depression of the vital powers with intense nervous prostration and impending heart failure. Mustard over the stomach and spine was also frequently resorted to. When mercury was used it was in a guarded form. Calomel, one to two grains pulverized; Dover's powder, five grains; pulverized camphor, one to two grains, with five to ten grains of bismuth to allay irritation of the stomach. To do any good the bismuth must be given in large doses so as to whitewash the stomach, ten to twenty grains every two to three hours. I think chalk mixture, ext. fld. rhatany, and Bartley's sedative are preferable. The fatal cases died from hemorrhage of the stomach or kidneys, or suppression of urine. In one case on which I made a post-mortem, I found a simple ulcer in the wall of the small intestine with apoplexy of the lungs. In this case the bowels had been loose for several days. There had also been a chill. The patient fell dead while sitting in a chair.

I could give the history of other cases showing the congestive nature of this disease, and that the so-called typhoid symptoms may be produced by a slight non-inflammatory irritation of the small intestine without involving Peyer's glands; and, further, that quinine in large doses is responsible for many heart failures and deaths.

CHAS. C. THORNTON, M. D.

December 24, 1884.

Societies.

LOUISVILLE MEDICO-CHIRURGICAL SOCIETY.

Stated Meeting, February 20, 1885. Ap M. Vance, M. D., Vice-President, in the chair.

Dr. Scott read an interesting paper on scarlatina. (See page 197.)

Dr. Bailey stated that with regard to virulent cases of scarlatina he thought that personal susceptibility plays a smaller rôle than the character of the prevailing disease. During the last year he had seen three or four cases of virulent scarlatina. One patient was seen three hours from the beginning of the attack, and then had a temperature of 107° and the general symptoms so severe that there were no grounds for a favorable prognosis.

Another patient, seen with Dr. Scott, was thirty-seven years old, and died on the third or fourth day. These malignant cases were characterized by almost total suppression of urine, probably due to nervous influence rather than to renal changes. Mild cases get along very well with ordinary good attention. In all cases, mild or severe, Dr. Bailey insists on the patient remaining in the room for at least one month. Glycerine applied to the throat gives much relief by its local depletion. Has frequent recourse to digitalis and acetate of potassium for their renal effect.

Dr. Morton reported a case where deafness in both ears followed and facial paralysis on one side, the paralysis finally disappearing. Dr. Morton stated that he would like to hear from some of the specialists present something as to the proper management of cases in which ear complications are present.

Dr. Ferguson stated that the subject of middle-ear affections arising in scarlet fever was one of the greatest importance not only on account of the great number of cases in which the complication arises, but also on account of the great danger of the affection being overlooked and allowed to take its own course till irretrievable damage occurred. Dangerous as an acute suppuration of the middle ear always is to the function of the organ, still if an early diagnosis be made and appropriate treatment instituted an immense number of cases would be saved from deafness.

It should be the *invariable* rule of every practitioner in attendance on a case of

scarlet fever to make a thorough examination of the ear by means of the mirror and speculum at each visit. If it be discovered that the drum membrane is red and bulging, indicating the presence of pus, no time should be lost, the evacuation of the pus by means of a paracentesis needle or other appropriate instrument should be resorted to at once. If this be neglected the patient will suffer, as a rule, the most excruciating agony for hours and days, which resists the instillation of ear drops until the membrane gives way. By making a prompt diagnosis and then making a large opening in the posterior inferior segment of the membrane the pus will be evacuated and the relief will be so great and so prompt that any one who has once performed the operation will perform all subsequent operations with pleasure in anticipation of the ease which follows. The incision being a simple cut and made at a time before the membrane has suffered severely in its nutrition there will be no difficulty, as a rule, in getting it to close. After a free vent for the pus has thus been obtained, the next thing to do is to thoroughly cleanse the ear and to keep it clean. This is best done by the aural syringe or douche, with water as hot as can be borne. A teaspoonful of salt should be added to a pint of the water. Then the Eustachian catheter should be used daily and air gently forced into the middle ear to prevent adhesions and to force out the pus through the opening which has been made. The future treatment must be conducted on the ordinary principles which govern the treatment of suppuration of the middle ear.

Dr. Cheatham stated that every precaution should be adopted to prevent the disease extending to the ear. Finding the middle ear inflamed he thinks the use of leeches, hot water, and opium of the greatest importance to prevent suppuration. If these fail the pus must be evacuated by a paracentesis. The actions of a child suffering from inflammation of the middle ear are almost enough in many cases to make the diagnosis. They will be found to frequently handle the ear, putting the hand to the side of the head and are very irritable, frequently crying out from the pain. Poulices to the ear are very dangerous, as they frequently cause total destruction of the membrane. With regard to the use of opium much care is necessary, as it masks the symptoms by alleviating the pain and thus allows the disease to escape attention.

Dr. Senteney stated that he had seen quite a large number of cases of scarlet fever during the winter but, they were as a rule very mild in character. It is his belief that personal susceptibility plays an important rôle, and it is to this susceptibility that he attributes malignancy in certain cases rather than to the special character of the poison, as it is a very frequent occurrence for persons exposed to the same poison to suffer attacks differing widely in severity.

Dr. Clemens stated that he thought a solution of bichloride of mercury in glycerine, in the same strength in which it is used with water, would be found a most excellent antiseptic application in suppuration of the middle ear. During the last year he has not seen a single bad case of scarlet fever. In this disease he would be afraid to use water to the skin. Inunctions with lard he finds of much benefit and believes that it lowers the temperature, and also that it is an excellent means of lessening the danger of contagion during desquamation. Its use has invariably given comfort to the patient. It is his habit to give the salicylate or sulpho-carbolate of sodium, with directions to abstain from drinking for some time in order to get its local effect on the throat. It is his belief that these have some effect in destroying the poison. When there is a lack of eruption he gives hot mustard baths and belladonna, but is not certain that he has seen any beneficial effects from the use of the latter.

Dr. Weir reported the case of a boy, fifteen years old, in whom he noticed an unsteadiness of gait. The patient had had scarlet fever about six weeks before, and noticed this trouble in locomotion about three weeks later. The patient stated that his legs felt heavy. On examination he found paralysis of the extensors, with no reaction to the induced current. The diagnosis of multiple spinal sclerosis was made. Hyperesthesia over some parts of the leg was also observed. He was put on minute doses of silver and large doses of iodide of potassium with ergot. Sufficient time has not yet elapsed, but he inclines to the opinion that the trouble has become stationary.

Dr. Cecil stated that most of the cases of scarlet fever which he had seen lately were mild in character. In one case with profuse and offensive discharge from the nose, iodoform was used with a most happy effect. The throat was also benefited by this treatment. Its use was begun on the third day,

but notwithstanding this the ear became affected. For the ear warm water was used as a cleansing agent and this followed by iodoform, but no benefit resulted. Dr. Cecil asked for information regarding the susceptibility of nursing children.

Dr. Clemens stated that his two children had the disease while still nursing, and believes that the disease occurs at this time more frequently than is generally believed, its mildness in such cases causing it to be overlooked.

Dr. Larrabee stated that his experience with iodoform in scarlet fever had been very favorable. He thinks inunctions of much value in reducing hyperpyrexia and in preventing contagion. The hot pack he considers also of great benefit in treating this disease.

R. MAUPIN FERGUSON, M. D.

Secretary.

New Remedies.

Conducted by Simon Flexner, Ph. G.

TRYPSIN AS A SOLVENT FOR THE DIPHTHERITIC FALSE MEMBRANE.—In the Medical Record of February 21st attention is drawn to the good results obtained with the ferment trypsin, when used for dissolving the diphtheritic pseudo-membrane. Experimenting on the membrane removed post-mortem, Dr. Van Syckel found that by immersing it in a solution of trypsin at the temperature of the body "it becomes transparent and slightly swollen; then breaking into fragments it is slowly dissolved, with the exception of a small residue consisting of cells, and possibly bacteria. . . . In cases where the membrane is still adherent to the surrounding tissues the solvent action of the trypsin is slower, but no apparent change takes place in the healthy tissue." As a continuation of observations on the action of this substance, Dr. H. D. Chapin, in the issue of March 7th, furnishes us with a report more practical and exhaustive than the preceding one.

After reviewing the subject the author cites two cases occurring in his own practice in which he used the ferment, and, he thought, with the effect of ameliorating the graver symptoms. Furthermore, he gives the methods and results of a series of experiments made artificially on detached membrane and on tissue covered with the false membrane, removed post-mortem. In

all of these experiments it was the aim of the author to imitate as closely as expedient the conditions to which the ferment would be subjected when used for like purposes during life. Proper temperature and due moisture were strictly maintained, and the ferment solution was applied in a variety of ways. It was soon evident that the spray offered the best means of applying it, and when the solution was applied in this way twice, at intervals of thirty minutes, the pseudo-membrane gave evidence of very considerable disorganization. It would seem that the deeper tissues remained intact.

Trypsin is one of the ferments of the pancreatic secretion, and is neither easy to prepare, nor, in the form of solution, is it very stable. Therefore the above experimenters early recognized the need for using some preparation of the pancreas which, while it represented to a high degree the properties of the gland, was free from these objections. Such a preparation was found in the *Extractum Pancreatis* made by Fairchild Bros. & Foster, with which we are familiar. After the preliminary trials with the isolated trypsin, this "extract" was invariably used. Little difference in action was discernible, so that it seems to be entirely applicable; and certain it is that if this preparation be found of value in this distressing trouble, we need scarcely be concerned regarding its standard of activity. It is generally known that the pancreatic ferments act best in neutral or slightly alkaline media, and therefore in preparing a solution for the spray advantage should be taken of this fact. The formula recommended for preparing the solutions was given in the "NEWS," for March 14, 1885, the preparation is simple and the resulting product should be of uniform strength and activity.

This solution can be applied by means of brush or spray. It would appear that stronger solutions are not more active. The application is to be repeated at rather short intervals.

ANTIPYRINE IN CHILDREN.—The following points regarding the use of antipyrine in children are given by Dr. Penzoldt:

1. Antipyrine must be regarded as a remedy well indicated and appropriate in febrile affections of children.

2. In proper doses the drug causes a reduction of febrile temperature amounting to several degrees (Reaumur), and lasting several hours.

3. Reduction of the rate of the pulse

does not always correspond with the degree of reduction in temperature.

4. The effects on the general feelings are favorable.

5. Occasional vomiting was the only unpleasant symptom ever observed after its use. If vomiting occur persistently, administration by the rectum is to be resorted to.

6. As regards dose, as many decigrams (one and one half grains) are to be given hourly for three consecutive hours as the child counts years; this quantity is to be increased if it prove insufficient, as will often be the case in small children. An enema may be of a strength of from three to six times as many decigrams as the child counts years.

7. The organism, in a prolonged employment of antipyrine, appeared but rarely to become habituated to its use.

HYOSCINE HYDROBROMATE.—Since the report of Dr. Horatio C. Wood, in the last *Therapeutic Gazette*, further experimentation under his direction, carried out at the Philadelphia Institute for the Insane, has fully confirmed the claims then made for it. Of its value in insanity there can no longer be a doubt. It is urged that in virtue of its small bulk, tastelessness, and solubility, it can be administered when other medicines, and even food, are refused. In doses of one forty-eighth of a grain, in extreme cases, sleep was always induced, and the patients generally awoke much refreshed and with their excitement much abated. Applied locally to the eye it causes dilatation of the pupil, but has no anesthetic effect.

Translations.

THE DIAGNOSIS OF PULMONARY TUBERCULOSIS.*—Observations made in three hundred and ten cases of pulmonary affections, by Dr. Max Schaeffer, of Bremen, from 1874 to 1882 have caused him to become convinced of the following:

1. Certain morbid laryngeal symptoms united with certain other symptoms permit, before any local manifestations are seen, the early diagnosis at the very commencement of a tubercular affection of the lungs.

2. Pulmonary tuberculosis is accompanied, almost unexceptionally, by a simultaneous affection of the larynx. The author

*Translated from the *Revue Mensuelle de Laryngologie d'Otologie et de Rhinologie* of January 1, 1885, by R. Maupin Ferguson, M. D.

has very frequently noticed many of these persons complaining of a vague heaviness about the chest, a sort of rheumatic pain, or slight respiratory difficulty, and suffering from slight chronic laryngeal catarrh, with symptoms of paresis, especially of the constrictors of the glottis, offering the peculiarity that the paresis continues even after the disappearance of the catarrh, and resisting the application of the continued current, etc. Frequently these patients have only a slight roughening of the voice in the evening, coughing much, but without expectoration. In such cases the author has never been able to find the bacillus tuberculosis. Physical examination of the chest has likewise always given a negative result in the beginning. A month later at the most the cough becomes dry and irritable, and now for the first time pulmonary symptoms manifest themselves, and almost unexceptionally on the side corresponding to the laryngeal paresis.

A second series of patients offer the symptoms which have been described, or an infiltration of one of the false cords, without, however, an examination of the chest giving any positive results. They are suddenly taken with hemoptysis more or less grave, having its origin always on the same side as the laryngeal affection. Sometimes the paresis occurs only after the hemoptysis.

The paresis may likewise be observed with patients having pleuritic changes, and many of these die later of pulmonary tuberculosis. When the pulmonary affection improves the paresis follows suit, disappearing completely at last.

In 74 cases out of the 310 (24 per cent) Schaeffer observed symptoms of paresis, and subtracting 152 cases of laryngeal phthisis and 48 cases of laryngeal perichondritis he obtains 74 cases in 310, or 67.2 per cent.

Anatomically Schaeffer explains these observations according to Zuschka, by the lesions to which the recurrent is exposed in its course, by slight swelling or infiltration of the bronchial glands, or of the pulmonary tissues, which are not apparent either on auscultation or percussion. The tympanic sound which may be observed later at the apex of the lung is explained by a loss of resiliency in the alveolar walls, resembling the paresis of vocal cords, and this loss of power of eliminating the secretions causes an accumulation of the residual air in the lungs, a condition exceedingly favorable for the bacilli tuberculosis getting a footing and flourishing, especially if there be hereditary predisposition.

To explain the second series the author cites the experiments of Hille who believes that he has demonstrated in a positive manner that hemoptysis is preceded by a condition where although absolutely no pulmonary affection whatever can be detected still the secretions will be found to contain the bacillus of tuberculosis.

In Schaeffer's cases 19 per cent were affected with hemoptysis. 50.3 per cent of the patients had some laryngeal affection on the side corresponding to the pulmonary affection. The left lung was more frequently affected than the right; 34 per cent left, 20 per cent right. 64.5 per cent men, 40 per cent women.

The frequency of the disease increased from the fifteenth to the fortieth year, and then continuously decreased.

According to Schaeffer's statistics those cases in which there was laryngeal paresis gave the best result, both as regards cure and amelioration, demonstrating that treatment is most efficacious in the beginning.

The author's treatment consisted in the ordinary rules of modern pulmonary therapeutics. He obtained 7 per cent of relative cures and 29 per cent ameliorations.

Generally it is a matter of checking the morbid process and sustaining the patient.

Local laryngeal treatment is indispensable to prevent these unfortunates from dying most miserably, as is frequently permitted by certain physicians who recommend the *dolce far niente*.

In termination he recommends isolation of the patients, burning of the sputa, and insists that the patients shall not swallow the sputa.

PROF. G. SÉE says of convallaria, in *La Semaine Médicale* of January 7, 1885, that it is an admirable remedy in cardiac affections, as it is well tolerated by the stomach, rarely interfering with digestion, is not accumulative like digitalis, and that it may be given indefinitely. In about two hundred cases he has found it to invariably sustain the force of the cardiac contraction, assist in regulation of the rhythm, and to cause a cessation of palpitations, at the same time improving respiration and diuresis. Prof. Sée says that the infusion is inert. The numerous failures of this drug reported in various quarters he attributes entirely to the use of improper preparations, or to the smallness of the dose. He recommends the aqueous extract in doses of one gram, fifty per day. This sometimes causes intestinal

irritation, so that it must be suspended. For this reason he prefers convallamarine, and uses it in doses of 0.05 to 0.10 centigrams ($\frac{3}{4}$ to $1\frac{1}{2}$ grains) for adults and 0.02 to 0.04 centigrams (grain $\frac{1}{3}$ to $\frac{2}{5}$) for infants. He has employed convallamarine in valvular disease, in Basedow's disease, in angina, palpitations, and in all painful heart troubles. It is especially useful in simple hypertrophies and dilatations not dependent on valvular lesion, and in the irritable heart of soldiers, etc. Prof. See draws special attention to a form of headache which is frequently found in that form of heart trouble which he calls "hypertrophy of growth," occurring in the young as a result of an undue development of the heart in comparison with the body. This form of heart trouble he says is generally found between the ages of fifteen and twenty, and is frequently attributed to nervousness, onanism, etc., without any supporting evidence whatever. The treatment with convallamarine must be continued for some time to get its full curative effect.

SWALLOWING FALSE TEETH.—*La Semaine Medicale* of February 25, 1885, contains the following account of a patient reported by Dr. Billroth at the *Kaiserliche-Königliche Gesellschaft der Aertze*, of Vienna. The patient, a young girl, nineteen years of age, during the night of the fourteenth of February swallowed a set of false teeth, which lodged at the cardiac orifice. All efforts at extraction failed. On the 16th of February the patient presented herself at the hospital, but the foreign body could not be discovered, the esophageal bougie passing into the stomach without meeting any obstacle. It was concluded that the plate had passed into the stomach and remained there. The stomach was somewhat sensitive, and, as both the doctors and the patient were positive in their statements, Professor Billroth decided to perform gastrotomy, which he did in the ordinary manner, making an incision on the left side, two fingers' breadth below the costal cartilages, opening the stomach and drawing it forward, but found nothing. It was thought that the foreign body had perforated the walls of the stomach and entered the abdominal cavity. Acting upon this idea, Prof. Billroth enlarged the wound and explored with his hand the entire abdominal cavity without finding any trace of the foreign body.

Prof. Billroth remarks that it is very difficult to recognize the exact relations of the

abdominal organs when one has only made such examination on the cadaver. The liver in the cadaver appearing quite hard, while in *in vivo* it is so soft that it is difficult to distinguish it from intestine. The kidneys are very mobile, and may be easily displaced more than two centimeters.

Thinking that perhaps the foreign body was in the posterior part of the stomach, this organ was re-examined with both hands, the foreign body finally being discovered. After its removal the stomach and integuments were reunited. With the exception of a temperature of 38.4° (101.3° F.), on the evening of the operation, the condition of the patient has steadily improved, and there is no doubt that recovery will take place notwithstanding the over minute exploration of her abdomen.

It is not without interest to know that the stomach can not be drawn forward in its totality. The posterior part of the stomach which is in relation with the vertebral column being fixed to the spleen by the gastro-splenic omentum in such manner that it can not be drawn forward without tearing away the spleen. It was in this part of the stomach that the foreign body was located, and as the patient was in the dorsal decubitus the more the stomach was drawn forward the deeper became the situation of the foreign body.

M. PERCY KIDD reports, in *La Semaine Medicale* for February 25th, the case of a boy, seven years old, who, having suffered for some time with a cough, was suddenly taken with a violent suffocative attack, and died in ten minutes. The autopsy showed enlargement and caseous degeneration of all the glands of the mediastinum; the lower part of the trachea was obstructed by a caseous gland which had caused ulceration of the wall of the trachea just above the left bronchus. The lungs were slightly tuberculous, and it was surprising to find the heart strongly contracted and almost empty although death took place from asphyxia.

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service for the week ended March 21, 1885.

Sawtelle, H. W., Surgeon. Detailed as chairman of Board for Physical Examination of Officers of the Revenue Marine Service, March 17, 1885. *Armstrong, S. T.*, Passed Assistant Surgeon. Granted leave of absence for thirty days, March 16, 1885. *Ames, R. P. M.*, Passed Assistant Surgeon. Detailed as recorder of Board for Physical Examination of Officers of the Revenue Marine Service, March 17, 1885.

THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNĀ."

SATURDAY, APRIL 4, 1885.

Original.

PILES AND PROLAPSUS ANI.*

BY W. SYMINGTON BROWN, M. D.

No surgical disease that I know of is so common as piles; few can be as certainly cured; and yet it seems to me that the radical remedy, removal by the ecraseur, is seldom resorted to by general practitioners. I have several times drawn the attention of this Society to the importance of dilating the sphincter ani before operating for hemorrhoids. The late Dr. Van Buren, of New York, was the inventor of this method, and Dr. H. R. Storer brought it prominently before the profession. Both thumbs are inserted into the anus (while the patient is anesthetized) and the sphincter slowly stretched until it is paralyzed. A sound like tearing may be heard, but the muscle is not torn, only paralyzed. This preliminary operation is essential; it allows us to examine the parts thoroughly. In women, with two fingers in the vagina, the bowel can be readily turned inside out. In men we may insert a Sims's speculum. If hemorrhage should occur during the operation we can more easily control it, because there is ample room to work in.

I have always employed the wire ecraseur, never the ligature, to remove piles, and since 1865 have had twenty-six cases. I do not say that the ligature should never be used. Surgeons with great experience advise it, but the application of Sir Spencer Wells's forceps, hot water, torsion, and working the ecraseur slowly, have enabled me to dispense with ligatures so far.

Last October I attended a male tramp at our Poor Farm, Stoneham, for prolapsus ani. The protrusion was nearly as large as

my fist, and, according to the man's own statement, had been down for several days. He had also retention of urine. After emptying the bladder with a soft rubber catheter, and instructing him how to use the instrument, I placed him in the knee-elbow position, washed the protruded gut with warm water, painted the whole surface with a dilute solution of iodine, smeared the parts with vaseline, and without much effort succeeded in returning the mass.

After it had been cleansed I made a careful examination to find out the nature of the prolapse. Prof. Van Buren was the first in this country to point out that the accident has four varieties, namely, (1) partial (only mucous membrane); (2) complete (all the coats of the rectum); (3) invaginated (rectum telescoped appears externally); (4) high invagination.

A partial prolapse, involving only the mucous membrane, is a comparatively simple trouble and occurs most frequently in delicate, badly nourished children. The complete variety may be distinguished by transverse deep rugæ. "The greased finger, passed around the base of the tumor, recognizes that its external surface is absolutely continuous with the membrane that lines the orifice of the anus. In the third variety the finger can be inserted into a groove alongside of the base of the tumor, so as to recognize a distinct sulcus." This was the kind I had to deal with. After the mass had been returned I found that the patient had marked enlargement of the prostate gland, the original source of the trouble in this case; for difficulty in passing water necessitated straining, and that had brought down a large portion of the rectum.

A few general remarks on this affection may not be out of place. We meet it more frequently among children than adults. In the former it is generally produced by con-

*Read at a meeting of the Middlesex-East Medical Society, February 25, 1885.

stipation or diarrhea, and sometimes results from the child being allowed to sit too long at a time on the chamber-pot. *Ascarides* also occasionally produce so much irritation in the neighborhood of the anus that the bowel, or a portion of its mucous membrane, comes down. The presence of a polypus may also cause it.

In recent cases the protrusion is readily returned by partially inverting the child, applying a large sponge dipped in hot water for a few minutes, greasing the parts with lard or vaseline, and applying gentle, steady pressure with the fingers. In scared children it may be necessary to administer ether. In sickly, scrofulous patients the prolapse is apt to recur again and again, and the sphincter ani becomes not only relaxed but atrophied. In such cases hot-water injections containing a decoction of oak-bark prove serviceable, and it is a good plan for the mother or nurse to support the parts during defecation. If the anus is drawn aside by a broad strip of sticking-plaster applied to one buttock, the tendency to prolapse is much lessened.

In one case, an adult, I was obliged to insert a piece of candle as an internal support. The candle was passed entirely within the sphincter, with a loop of tape attached to the wick. In my last case, already referred to, a compress and T bandage kept up the bowel. Straining was avoided by regularly emptying the bladder with a catheter.

If milder measures fail, the sure remedy is a simple surgical operation. A copious cleansing injection is first administered, then a Sims's speculum (preferably made of wood or horn*) is inserted into the anus, and the mucous membrane dried with Japanese bibulous paper, such as is used by dentists. The actual cautery is then applied in several straight lines according to the amount of contraction needed. Three or four lines are generally sufficient. The iron should be at a dull-red heat. Paquelin's thermo-cautery answers the purpose very well. The subacute inflammation thus set up glues the tissues together and prevents a recurrence of the prolapse.

The high invaginated variety is not as common as the other three; but is more likely to be mistaken for a rectal polypus, a mistake which has happened more than once, followed by disastrous results. Sometimes the whole of the rectum and a portion of the sigmoid flexure come down, and

one or two cases are on record where a portion of the ileum has passed through the ileo-cecal valve, and the invagination has proceeded until the gut appeared externally. There is always a narrow passage left through which liquid feces may be discharged. Where the diagnosis is clear, and has been made out early, abdominal section for the purpose of disentangling the bowel is the only sure remedy. In all operations on a prolapsed rectum it is necessary to recollect that the peritoneum descends much lower anteriorly than posteriorly, and that it is only the terminal inch of the rectum which has no serous covering. In cases of complete prolapsus ani of long standing, if we attempted to remove the mass we would probably open the peritoneal cavity, and light up fatal peritonitis.

STONEHAM, MASS.

Miscellany.

THE TREATMENT OF ACUTE PERITONITIS BY ABDOMINAL SECTION.—At a meeting of the Royal Medical and Chirurgical Society, March 10, 1885 (*British Med. Journal*), Mr. Frederick Treves urged the more frequent resort to abdominal section in cases of acute peritonitis than has been practiced heretofore. He reports a case in which the abdomen was opened under antiseptic precautions, the patient being at the time in a very critical condition. A quantity of semi-opaque fluid, mixed with lymph and pus, escaped. The peritoneal cavity was thoroughly washed out and a drainage-tube inserted. The patient made a good recovery. This procedure has been carried out with success in the smaller serous cavities and in localized chronic peritonitis. Mr. Treves thinks that if the same principles be carried out in cases of acute general peritonitis the results will be most satisfactory.

SECONDARY NERVE SUTURE.—In the *New York Medical Journal* of March 14, 1885, Dr. Thomas M. Markoe reports two cases of secondary suture of divided nerves. In his first case the musculo-spiral nerve was sutured forty-six days after the injury. One month afterward there was no apparent change in the condition of the paralyzed muscles. At the end of a year the use of the limb was found partially restored; the muscles having regained their normal bulk and firmness. In case second the fifth

*One made of wood was exhibited.

cervical nerve was sutured one hundred and thirty days after the injury. Eight months afterward slight voluntary motion began to show itself in the paralyzed muscles. At present time the case promises to be a complete success.

ETHER AND CHLOROFORM AS ANESTHETICS.—In speaking of the use of ether and chloroform at a recent meeting of the New York Academy of Medicine (N. Y. Med. Journal), Dr. Fordyce Barker said: Notwithstanding the depressing influence of chloroform anesthesia upon the heart, he had for many years advocated chloroform for the pains of labor in preference to ether. In surgical operations when anesthesia was brought on before the existence of pain, and of the increased nervous and cardiac activity to which pain gave rise, ether was much safer. In the pains of labor matters were reversed and chloroform was indicated. This was true notwithstanding there might be organic heart disease.

THE EFFECT OF COCAINE ON THE VASO-MOTOR SYSTEM.—Dr. R. J. Hull stated, at a recent meeting of the New York Surgical Society (N. Y. Med. Journal), that he had noticed that while small quantities of cocaine applied to a part produced vaso-motor spasm and consequently anemia of the part, large quantities produced vaso-motor paralysis and congestion. Internally, doses just large enough to produce constitutional symptoms caused dilatation of the pupils with pallor of the face, nausea, and a small, hard pulse. After a large dose the pallor and nausea were absent, the pupils were not more widely dilated, the pulse was full and soft, and a dreamy mental condition was produced.

LOCOMOTOR ATAXY WITHOUT DISEASE OF THE POSTERIOR COLUMNS OF THE SPINAL CORD.—At a recent meeting of the Clinical Society of London Dr. A. Hughes Bennett reported the history of a case of a man, aged forty-eight, who presented all the usual symptoms of locomotor ataxy, incoordination of movement without loss of muscular power, typical ataxic gait, impaired sensibility of the lower extremities, lancinating pains, and loss of the knee-jerk. On post-mortem there was found acute cerebritis, with patches of softening. In the medulla a sarcomatous mass was found. Excepting a limited amount of change in one anterior cornua the spinal cord was healthy.

DRUNKENNESS TREATED BY BLEEDING.—Dr. Cranny reports the case (Med. Press and Circular) of a man brought to the hospital in a dying condition from over-indulgence in whisky. The breathing was stertorous and labored, face swollen, and pulse intermittent. The stomach was emptied by means of a stomach-pump and strong coffee injected, but no improvement followed. The median cephalic vein was opened and ten ounces of blood removed. The heart's action became steadier at once and the respiration easier, and the man recovered in short time.

LUPUS ERYTHEMATOSUS CURED BY ARSENIC.—In the British Medical Journal of March 14, 1885, Mr. Jonathan Hutchinson reports the cure of a case of lupus erythematosus by long-continued use of arsenic. Fowler's solution in five-drop doses three times a day was taken for nearly two years, and with complete relief. The medicine was stopped for a few days whenever constitutional symptoms were manifested.

CARBOLIC ACID IN DYSPEPSIA.—Mr. J. F. Dixon, in British Medical Journal, recommends carbolic acid in the treatment of indigestion accompanied by tenderness over the stomach, acidity and flatulence. He gives two minims in an ounce of water, frequently combining with it five grains of carbonate of soda and twenty-five minims of aromatic spirits of ammonia.

A GASTRONOMIC FEAT.—Dr. Thom, writing from Turkey in Asia to the Medical World, gives the account of a man under his observation who at one sitting consumed forty-five pounds of solid food. The man is still living, at the age of sixty-five years.

The British Medical Journal states that the recently-established Gynecological Society will issue during the present month the first number of a journal, to be called the British Journal of Gynecology.

The Alumni Association of the Jefferson Medical College, of Philadelphia, held its Annual Meeting on the 1st inst., Prof. J. W. Holland, of the University of Louisville, delivered the address.

PROF. VON FRERICHS, of the University of Berlin, the well-known author of a treatise on the Diseases of the Liver, died recently in Berlin.

The Louisville Medical News.

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H. A. COTTELL, M. D., - - - - - Editor.
J. MORRISON RAY, M. D., - - Assistant Editor.

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HOW LONG ARE SCARLATINAL PATIENTS INFECTIOUS?

A leading article in the Medical Press of January 21st, bearing upon a dispute between the Manchester Health Committee and the Board of Management of the Royal Infirmary as to the period of time during which scarlatinal patients should be held in the hospital after convalescence, has given rise to a suggestive and extended controversy in the columns of the Press.

In 1881 the city of Manchester obtained powers for the compulsory notification of infectious diseases, and, having no public fever hospital, arrangements were made with the Royal Infirmary and Children's Hospital at Pendlebury to receive infectious cases from the city at a fixed annual sum, with an additional charge of from fourteen to twenty-one shillings per week for each patient. When the time for settlement arrived the city authorities, upon the advice of their Health Officer, refused to pay the full bill rendered, and complained that the hospital authorities had detained some cases of scarlet fever as long as fourteen weeks, and that the majority had been kept considerably over six weeks, which, in the opinion of their

medical adviser, affords ample time for the patient to be divested of all disease-producing particles, poisons, or germs.

This, of course, opens the question of time in scarlatina quarantine, and has led to the discussion of the means by which the disease is spread, and the nature and persistence of the infecting agent, with a significant exchange of opinion among a number of English physicians of large experience in the management of the disease.

In the opinion of the editor, who believes that he represents the profession as a whole, the process of desquamation which usually follows the rash must be complete before the patient can be safely said to be incapable of spreading the disease. But here a difficulty at once is found; for, while in the majority of cases the skin over the greater part of the body becomes smooth by the end of the fifth or sixth week, desquamation, especially about the feet or heels, continues for two and sometimes three months. In the opinion of Dr. John Makinson Fox, Medical Officer of Health, Mid-Cheshire, attention to the condition of the skin is probably disproportionate to its value as one among other possible elements which might be concerned in the spread of infection. For while it is admitted that during the continuance of febrile action, or other evidence of illness, particles shed from the skin may be a means of spreading infection, it does not follow that the duration of the period of danger is to be measured only by the duration of the period of desquamation, since this may be innocently prolonged by constitutional irritability of the skin. This writer quotes from a paper on the subject, read by Dr. Alfred Carpenter before the Society of Medical Officers of Health in 1882, where the author, in speaking of prolonged periods of isolation, says: "I have for many years acted upon the opposite path, restricting the isolation to a fortnight only, and in some cases limiting it to one week after the departure of the fever. In no case have I had any reason to regret the course I have adopted." Further, this au-

thor says that if there be no ulceration or discharging surface upon the skin, he gives his patient a thorough disinfection by proper baths, a ten days' quarantine, and allows him to mix with his fellows without waiting for the completion of the desquamative process.

Dr. Henry Ashbey is emphatic in his condemnation of these views. He says that it is easy to prove that convalescents, long after the twenty-first day, and in spite of disinfection, are capable of communicating infection to others. Children with nephritis or empyema following scarlatina, having been bathed and admitted to a non-infectious ward, have here often caused an outbreak of the disease. He has also seen convalescents discharged from the hospital at the end of the sixth week, who had been bathed daily for several weeks and their clothes carefully "stoved," who have been the undoubted means of causing an outbreak of fever at their homes or the school to which they returned. "It is impossible to disinfect the skin, short of complete exfoliation of the horny layers; but this having taken place every where except perhaps over the heel, it may be quite possible, by soaking in a stronger solution of carbolic acid than could be applied to the body, to render the patient free from infection." "A quarantine extending to the end of the sixth week is desirable, and if possible for a week or two longer."

Dr. Sweeting, Medical Superintendent of the Western Fever Hospital, Fulham, S. W., says: "If there is one fact more certain than another in medicine, it is the infectiousness of the post-febrile stage of scarlet fever and the long duration of the same." He holds that the desquamating skin is the most important vehicle of the infecting germs, and that so long as exfoliation exists upon any portion of the body the patient may communicate the disease to others. "We place an absolute *minimum* of six weeks, which is generally followed by the adults, though the children are rarely ready until eight, and exceptional cases of

repeated desquamation have been detained several months." Cases have been observed wherein children who had apparently completed the stage of desquamation, and had been discharged from the hospital, had infected others on their arrival home; in these cases it had been found on more careful examination that the heels of some and the scalps of others were still peeling.

Dr. Thomas M. Dolan, Halifax, believes that we have been in error in attributing so much danger to the desquamative stage of scarlet fever. He has seen children who had not completed the peeling process playing with others in the streets of his city, and had heard of no bad results following the practice.

Dr. Dolan calls attention to an outbreak of scarlatina in Halifax in 1881, which lasted from the 1st to the 24th of January. The schools were closed during sixteen or seventeen days of the endemic, and reopened on the 1st of February. Though according to the usual rate of progress of the disease many children must have returned to school before the stage of desquamation was passed, the reopening of the schools at this time led to no recurrence or exaggeration of the disease.

Dr. W. Tonge-Smith, resident medical officer, London Fever Hospital, says that experience with the disease in this institution through a number of years has led him to formulate the rule that the duration of desquamation should be the measure of isolation, except in cases in which there was a recent discharge, such as otorrhea. In this hospital it was once the custom to discharge scarlatinal patients so soon as convalescence was well established. The evils resulting from this practice led to a gradual extension of the time, until, in 1873, patients were kept in quarantine for three weeks. Subsequently Dr. Mahomed had advanced the period to five or six weeks, and his successor, Mr. Shirley Murphy, was led to make a minimum of six weeks' stay in the hospital for scarlatina. Even under this precaution it was found that about one per cent of the

patients carried the infection to outsiders. "Our best and only practical guide is the completion of desquamation. It is useless to talk about weeks." This observer regards the beginning of any complication as evidence that the specific poison still exists in the patient, who may at this time communicate the disease to any person coming in contact with him. He also avers that desquamation being once over, no complication of scarlet fever ever begins, and that recurrent desquamation has no specific significance. He holds that desquamation should be allowed to take its natural course; that an attempt to hasten the process by antiseptic measures will fail of its purpose, and that the common practice of impregnating the air of the sick-room with carbolic acid, or anointing the skin with carbolic acid and oil, are to be deprecated, in that they augment the danger of renal complications.

Dr. Allan, of Belvedere Hospital, Glasgow, detains his patients until the end of the eighth week, and often longer. He believes that chronically enlarged tonsils following upon the disease may be a source of infection.

From the foregoing the following conclusions seem not unwarranted:

1. That few, if any, physicians of to-day question the contagiousness of scarlet fever.
2. That there is little doubt that the disease is most communicable during the stage of desquamation; that complications occur only during this stage, and that patients, so long as complications last, or so long as a patch of exfoliating epidermis can be found on any portion of the body, are to be regarded as sources of infection.
3. That all artificial or antiseptic means employed for the cutting short of this stage are not only without avail, but in some instances dangerous, in that they may favor the development of certain complications.
4. That the post-febrile period of "infectivity" can not be stated in time; that it must be rated according to the conditions of each individual case, and that it will prove to be the duration of the desquamative process plus

the time required for the healing of any curable throat, ear, tegumentary or visceral lesion which may follow in the wake of the disease.

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Correspondence.

PARIS LETTER.

[FROM OUR SPECIAL CORRESPONDENT.]

There is in France a periodical excitement about the gradual but steady decrease of its population which is naturally causing some anxiety among our French neighbors, so much so that even the Academy of Medicine is seriously occupied with the subject. Dr. Lagneau, the well-known statistician, has raised the present cry of alarm, and several meetings have already been taken up with the subject in question. Various theories have been advanced to explain this state of affairs, but the causes are so complex that it would be difficult to say which was the most potent in bringing about such a disastrous result. I may however observe that the alleged decrease is only relative, that is as compared with other European nations. For instance, Dr. Rochard stated that at the beginning of the present century the population grew at the rate of 6.30 per 1,000 living, whereas the present rate can not be given as more than 1.65 per 1,000. In England the population grows at the rate of 13 per 1,000 a year; in Germany the rate is 10 per 1,000; while the Americans have increased tenfold since the beginning of the century. It is apprehended that if the decrease of the French population continues, France will soon occupy a position not very enviable among the other nations, for while two centuries ago the population represented a third of that of the whole of Europe, at the present time it constitutes only the tenth part, which will of course considerably lower its political position among the other powers, and it will eventually be included among the smaller States. Dr. Le Fort, however, takes a more encouraging view of the situation; he makes out that in 1872, after the war and the loss of Alsace and Lorraine, the population of France was estimated at 35,728,000; it rose to 37,672,000, its actual increase being in consequence 1,943,000 in nine years. Dr. Le Fort sets down this remarkable increase to the reduction of the time set apart for military service, which is now only five years and in some cases even four, but this is only problematical. Moreover, M. Rochard estimated that according to the statistics preceding the year 1870 it would take one hundred and ninety years for France to double its population. Dr.

Le Fort states that in admitting the proportion as shown above (1872-1881) it would take only one hundred and seventeen years to arrive at this result. The number of children for each family has also increased; it is 3.1 instead of 3.0. Among the causes mentioned for this gradual decrease in the population of France is emigration, which, however, is a very small item to be taken into account, as the French do not by any means emigrate to the extent that the German and English people do. The diminution in the number of marriages has also been assigned as a cause, but it would appear that marriages are actually more common now than they were in the beginning of the century. But while this is the case, it has been shown that the number of children born in wedlock has suffered considerable diminution. The small proportion of births in this country is, according to Dr. Lunier, due in a great measure to a voluntary prevention of fecundity, or to the voluntary or involuntary destruction of the product of conception, though he avers that the latter practice is by no means so common as in England and America. It has also been asserted that infanticides in France are now more common than they used to be, the number of known cases being estimated at not less than 7,000 to 8,000 a year, and it is probable that a very large proportion of cases put down as stillbirths are in reality cases of infanticide. The doctrines of Malthus, though not well known theoretically, are put in practice to a considerable extent in this country. For this state of things two principal reasons are given: in the provinces, the division and subdivision of property according to the civil code; in towns, the expense attached to the maintenance of large families, in other words, it is the struggle for life, which is becoming more and more severely felt in proportion as the thirst for luxury and pleasure increases. In the higher classes it is the fear of fatigue and danger to which the young mother is necessarily liable, the altered appearances due to pregnancy, and the interference with the full enjoyment of social pleasures; moreover, it is considered bad taste to have many children. Prof. Hardy, however, does not consider that the limited population of France is an evil to be deplored, adding that over population does not make a nation, and cited England as an example of being a small country with a moderate population, and yet powerful every where. But I may here ask the

learned Professor what England would be without her colonies, for he appears to have lost sight of the fact that British subjects are settled in large numbers in all parts of the world. Prof. Hardy declares himself a disciple of Malthus, the celebrated political economist who, he says, is ill-used and misunderstood. If the human species multiplied to a degree out of proportion to the means of living, poverty and misery would be inevitable; therefore, he adds, Malthus enjoined moral restraint. Such then are, in a general way, the causes that up to this date have been advanced at the Academy of Medicine to account for the depopulation of this country. The discussion continues, and among the remedies proposed are: (1) To facilitate marriages and to assist families who have more than two children in every possible way, such, for instance, as by exempting them from taxes, offering them rewards, etc. (2) To re-establish the "Tours" or foundling hospitals, or rather analogous institutions offering unmarried mothers the same security of secrecy as used to be accorded before the abolition of the "Tours." (3) To endeavor to diminish as much as possible the mortality among new-born babes and the number of illegitimate births. On this last point it is proposed that the search after paternity should be allowed and recognized as it is in England and other countries. M. Hardy considers immigration and lessening the mortality by hygienic measures as attainable means of increasing the population. The immigrants he says are foreigners, but their children become French subjects. Carelessness and ignorance of the simplest laws of hygiene being the rule among the poorer and working classes, infant mortality among them is very great, whereas among the richer classes such deaths are rare. If education was more wide-spread infant mortality would decrease. It is not a question, M. Hardy says, of France having more children, but for parents to know how to take care of those they have. M. Le Fort considers that the problem how to establish an increase of population involves many considerations beyond the sphere of action of the Academy of Medicine. Medical men have very little to do with the habits and manners of a nation, which here play an important part, and as the depopulation of France resulted from the national habits, the remedy would be found in reforming those habits. And the writer may add that infant mortality and the conse-

quent depopulation of the country would be considerably diminished if mothers were taught the importance of suckling their own children instead of sending them out to nurse.

PARIS, February 27. 1885.

MURIATE OF COCAINE.

Editors Louisville Medical News:

No little interest has been taken by the writer in reading of and observing the great therapeutic virtues of cocaine, and though it appears sufficient has been written to prove its value as a local anesthetic to any mucous membrane or raw surface, the writer begs to present his "mite" to the readers of the NEWS.

My first experience with the drug was in three cases of obstinate odontalgia due to carious teeth. A plug of absorbent cotton was saturated with a four-per-cent solution of muriate of cocaine and applied to the cavities of the teeth. In ten to fifteen minutes all pain had subsided.

Mr. M. had cystitis with hyperesthesia of urethra. An effort was made to catheterize the bladder and wash it out. The introduction of the catheter was attended with so much pain that Mr. M. refused to pass the ordeal. A four-per-cent solution of cocaine, ten drops, was put into the urethra three times at intervals of five minutes. At the expiration of twenty minutes catheterization was performed and the bladder washed out without any pain.

Otis has proven that divulsion of urethral stricture and litholapaxy can be performed without pain when preceded by the local use of cocaine.

Mr. B., age fifty-three years, had melano-epithelioma of the right eye. The disease was first noticed on the cornea in November, 1884. On December 8th Mr. B. consulted me. Perforation of the eyeball had taken place and the disease had involved the upper lid; the latter was about two thirds the size of a walnut and the under surface was ulcerated. Pain both night and day was excruciating, preventing sleep and forbidding rest. A four-per-cent solution of muriate of cocaine, ten drops, applied every five minutes for twenty minutes controlled the pain so as to allow the patient to sleep for several hours without waking, but did not save him from suffering when manipulation of the eye was resorted to. Chloroform was administered

and enucleation of the eye with removal of the upper lid was performed.

W. is anemic, has feeble constitution, and from sudden exposure to inclement weather had conjunctivitis to occur. A four-per-cent solution of cocaine, three to five drops, applied to the eyes three times at intervals of five minutes, night and morning, for two days, checked the inflammation, blanched the eyes so much that the affected tissues appeared almost normal, though a low form of kerato-iritis followed, which might have been caused by the anemia and malnutrition following the action of the cocaine. The latter has a great influence in controlling the vaso-motor nerves.

P. and E. have elongated foreskins. A four-per-cent solution of muriate of cocaine, ten drops, was applied to the mucous lining in each case, every five minutes for twenty minutes. Circumcision was performed without pain in one case and very slight pain in the other; hemorrhage was considerable, but easily controlled by painting the raw surface with the solution of cocaine. In addition to the local anesthetic virtue of cocaine it can be considered a reliable local hemostatic.

Mr. — had a row of condylomata to form behind the corona glandis encircling the penis. A four-per-cent solution of cocaine was painted over the base of the excrescences and the glans penis; removal of the growths was done with scissors without pain.

Miss. — has uterine disease, specular examination is attended with vaginismus and severe pain. Four-per-cent solution of cocaine, ten drops, applied to the vagina three times, at intervals of five minutes, controlled both, which would not yield previously to large hypodermic doses of morphine.

Since Polk, of New York City, has performed trachelorrhaphy several times with the local anesthetic, cocaine, without pain, it may be safely stated that the latter will take the place of chloroform and ether in many of the gynecologic operations.

In two cases of naso-pharyngeal catarrh with great reflex irritability of throat, a thorough posterior rhinoscopic examination was made with the greatest ease after painting the palate and pharynx with a four-per-cent solution of cocaine. The severe pain attending hemorrhoids and fissure in ano is relieved by local application of cocaine, four-per-cent solution; and under its influence defecation is performed with little or no pain.

J. G. CARPENTER, M. D.

STANFORD, KY., March 10, 1885.

Editors Louisville Medical News:

The report of my case of oöphorectomy and its results, as published in your journal of February 28th, was prepared and read by request before the Mitchell District Society before the issue in case could be known. The patient has completely recovered, being at this date as sound in mind as at any period of her life. Very truly yours,

T. M. KYLE, M. D.

MANCHESTER, IND., March 23, 1885.

Societies.

LAWRENCE COUNTY (IND.) MEDICAL SOCIETY.

Held at Bedford, March 5, 1885.

This being the annual meeting of the Society, the morning session was occupied with such business as reports of officers and committees, election of officers, settlement with Board of County Commissioners, etc. One novel feature was a place on the programme for the report of the County Coroner and County Health Officer. On the morning session we need not dwell, except to mention that the officers for the coming year will be as follows: President, Dr. H. C. Dixon, Tunnelton; Vice-President, Dr. T. W. Bullett, Rivervale; Treasurer, Dr. Sam'l A. Rariden, Bedford; Secretary, Dr. H. Stillson, Bedford; Librarian, Dr. A. J. McDONALD, Mitchell.

The afternoon was devoted to the following proceedings:

Report by Dr. Winepark Judah of a case of convulsive amenorrhea. He says, I found the young girl, aged fifteen years, in convulsions. Parents stated she had never menstruated; there was marked ovarian tenderness. My treatment was principally emesis, with the result of relaxation and subsequent menstruation.

Dr. B. Newland remarked that this was evidently a case of hysterical eclampsia. The treatment was applicable.

Dr. J. M. Phipps reported a case of apoplexy during parturition. (As it is desired that this paper appear in full we defer it for future publication.)

Dr. B. Newland read a paper on our Boards of Health: (1) The boards of health, State and county, should be organized and maintained on merit regardless of politics. (2) Their officers should be endowed with police powers. (3) Sufficient funds should

be appropriated for the execution of their sanitary designs. (4) They should seek to popularize sanitary science.

Dr. Rariden remarked that: (1) Sanitation should begin at home in the close co-operation of physicians and the members of the county boards. (2) The salary of the secretary of the County Board should be increased sufficiently to enable him to make circuitous and systematic visitations through his county. (3) He should instruct the people by private and public talks replete with sanitary case reports. At the close of the discussion the following resolution (in substance) was offered by Dr. Rariden:

WHEREAS, the legislature two years ago enacted a law creating State and County Boards of Health, whose duty it shall be to discover and remove local and general causes of disease in the State; and,

WHEREAS, sanitary laws need for their execution the support of popular sentiment and co-operation of all concerned: therefore,

Resolved, That we, the members of the Lawrence County Medical Society, respectfully invite the members of the Lawrence County Board of Health into a more intimate association with us in an united effort to execute sanitary legislation. That we respectfully solicit from them sanitary literature for general and gratuitous distribution. That we respectfully request the County Health Officer to communicate with us on sanitary matters; to visit with us our fields of practice; to aid us in public addresses on sanitary science; and to submit a written report of his labors annually to our Society, the same to be spread upon our minutes.

Dr. Joseph Stillson read a paper on the Fumigation Treatment of Syphilis: (1) History of the method. (2) Description of his form of apparatus. It consists of a double alcohol lamp inclosed in a tin box whose lid is perforated by two holes, one over each flame of the lamp. On these apertures are placed small tin vessels, one containing water, the other calomel. The patient, covered simply by a blanket drawn one edge around his neck, is stood over this apparatus and the water is boiled for ten minutes, after which the calomel is sublimed into the water for ten minutes. (3) Case reports illustrative of its use. (4) Conclusions—Disadvantages: (1) Danger of conflagration. (2) Ptyalism is produced so quickly that it is apt to be too violent. (3) The method is troublesome to apply. (4) It requires apparatus. Advantages: (1) Its rapidity and certainty of effect. (2) Its freedom from derangement of the stomach and chemical change in the stomach. (3) Its beneficial effect locally upon ulcers, upon skin and mucous membrane.

Remarks of Dr. Newland: I think syphilis is incurable by any method. In anemic patients I have seen as beneficial effects from cod-liver oil alone as any thing else.

Dr. McIntire thought every case of syphilis is curable in its first stage. If young, the patient usually enjoys better health after cure than before the attack. But no case should be engaged for less than three years treatment.

Dr. Pearson: When the iodides are not borne well, I use with equally good result such vegetable alteratives as burdock, poke-root, turkey-corn, and the like.

Dr. S. A. Rariden read a paper on Typhoid Fever. He said, I report cases of sporadic typhoid fever in which after the closest examination I am unable to find the attack to arise from the presence of any typhoid excrementa. I am therefore inclined to believe that simple decomposing animal excrement may possibly give origin to the germ.

Remark of Dr. Pearson: I believe the disease may be idiopathic.

Dr. J. C. Pearson reported a case of a monster. The monster in question was a new-born infant in which the cranial bones were wanting above a line drawn from the base of the nose to the occiput. The head was hydrocephaloid internally and externally, causing the tissues to project a distance over the eyes, which, together with the scarlet color found in the sclera, gave the infant a most hideous appearance. It lived seventy-two hours.

Dr. Charles Rariden reported a case of antepartum convulsions with delivery and recovery. (This important report will appear soon in full.)

Dr. H. Stillson read a paper on some new instruments. Quite a number of new diagnostic and operating instruments were exhibited and explained, among which was the recent electric lamp for the illumination of various cavities of the body; and a number of instruments of original design, among which was one for subliming various solids and fluids in affections of the respiratory tract. It consists of a doubly annealed bottle, in size and appearance similar to a morphine bottle. Into this is placed the substance to be sublimed, and a long cork is inserted, having two holes through it, into one of which is fitted a bent glass tube having on its outer end a rubber mouth-piece. The patient suspends the bottle over an ordinary lamp by holding the projecting cork. When the substance is sub-

liming it is sucked into the mouth and expelled through the nose or inhaled as desired. The noticeable feature is not only its cheapness and simplicity but its applicability to the vaporization of gums, resins, and other solids, as calomel, camphor, etc. He also exhibited a compound microscope of original design capable of being attached to the operator's forehead and used in detecting the presence of foreign bodies on the cornea.

After a little general and irregular business the Society adjourned to meet at Mitchell on the first Thursday in June.

E. S. McINTIRE, M.D., *President*.

H. STILLSON, M.D., *Sec., pro tem*.

AMERICAN MEDICAL ASSOCIATION.

The thirty-sixth annual session will be held in New Orleans, La., on Tuesday, Wednesday, Thursday, and Friday, April 28th, 29th, 30th, and May 1st, commencing on Tuesday at 11 A. M.

The delegates shall receive their appointment from permanently organized State Medical Societies, and such County and District Medical Societies as are recognized by *representation in their respective State Societies*, and from the Medical Department of the Army and Navy, and the Marine Hospital service of the United States.

Each State, County, and District Medical Society entitled to representation shall have the privilege of sending to the Association one delegate for every ten of its regular resident members, and one for every additional fraction of more than half that number: *Provided, however*, That the number of delegates for any particular State, Territory, county, city, or town, shall not exceed the ratio of one in ten of the resident physicians who may have signed the Code of Ethics of the Association.

Secretaries of Medical Societies as above designated are earnestly requested to forward *at once* lists of their delegates.

Also, that the Permanent Secretary may be enabled to erase from the roll the names of those who have forfeited their membership, the secretaries *are, by special resolution*, requested to send to him annually a corrected list of the membership of their respective societies.

Sections. The chairmen of the several sections shall prepare and read, in the general sessions of the Association, papers on the advances and discoveries of the past

year in the branches of science included in their respective sections.

A member desiring to read a paper before the section should forward the paper or its *title and length* (not to exceed twenty minutes in reading) to the chairman of the Committee of Arrangements, Dr. Samuel D. Logan, New Orleans, La., at least one month before the meeting.

Amendments to the Constitution, by Dr. C. H. von Klein, Ohio:

1. No person who shall hereafter graduate from a medical college where literary education is not a prerequisite to such graduation shall be eligible to be a delegate to the American Medical Association.

2. All delegates to this Association, as a part of their credentials, shall present certificates from the County, District, or State Association they represent, showing from what medical college and when graduated; but this provision shall not apply to delegates from the Army and Navy.

Amendments to By-laws, by Dr. Foster Pratt, Michigan: Each section shall nominate its chairman and secretary; all other nominations to be made as now, by the Nominating Committee.

By Dr. Carl Seiler, Pennsylvania: Divide the section on Ophthalmology, etc., and form two, one consisting of Ophthalmology alone, and one consisting of Otology, Laryngology, and Rhinology.

WM. B. ATKINSON, M. D.,
Permanent Secretary.

Pharmaceutical.

Conducted by Simon Flexner, Ph. G.

OLEATE OF COCAINE.—Dr. Squibb has adopted as an "oleate of cocaine" a twenty-five-per-cent solution of the alkaloid in an excess of oleic acid. This, according to the doctor, is the nearest approach to a stable normal oleate yet devised. The same objection, however, would hold with this as with other acid oleates, that to some sensitive or abraded surfaces its application would be likely to give rise to burning and pain.

LITHIUM CITRATE.—This salt is not deliquescent, as generally supposed. Between the powder and crystals there is a considerable discrepancy in the amount of crystallization-water present. While the crystallized salt has the composition $\text{Li}_3\text{C}_6\text{H}_5\text{O}_7 \cdot 4\text{H}_2\text{O}$, the powder may be anhydrous or

contain only a less quantity of water, depending on the temperature at which it is dried.

PURE HYDROBROMIC ACID.—According to W. Gruning, pure hydrobromic acid can be prepared by heating a mixture of one hundred parts of potassium bromide and two hundred and eighty parts of phosphoric acid in a suitable flask. At first water passes over, later some dilute acid, and lastly the pure acid. About eighty per cent of the calculated quantity is obtained.

Selections.

DR. EZRA M. HUNT, of New Jersey, in an article on the Prevention of Epidemics, read before the last meeting of the British Medical Association and published in its Journal, gives a syllabus of the methods of conducting inquiries in order to thoroughly prevent epidemics. He concludes as follows:

1. In the study of the *contagium vivum* we are to recognize not only change from culture or attenuation, but, as in plant life or animal life, to recognize manifold changes which may take place, so discursive as to obscure identity, and so as to make what in pathology and treatment may be a new disease, without involving the doctrine of spontaneous generation.

2. We must give significance to the effect of imparting a disease to the system by channels or modes of introduction different from what may be called its normal method of entrance, and allow for modification of effect from this cause, without any real attenuation.

3. We must study closely not only the general effects of surroundings, but the fertilization or rankness which certain diseases attain from a compost especially adapted to them.

4. We need, with the same precision and in a similar direction; to ascertain what are the conditions of individuals who furnish in themselves extraordinary soil for communicable diseases, or who withstand seizure amid exposure, or have but a mild attack, and to recognize that there are ascertainable reasons for this difference—a definite law of susceptibility.

5. We need to give great prominence to a study of direct prophylactic methods, and such as shall seek, during exposure or the prevalence of an epidemic, to prevent an

attack by imparting to the blood and tissues the presence of such substance as shall prevent those changes which an introduced morbid agent would otherwise set up.

INJECTION OF FINELY POWDERED INORGANIC MATERIAL INTO THE ABDOMINAL CAVITY OF RABBITS DOES NOT INDUCE TUBERCULOSIS.—When Koch first announced to the world his discovery of the tubercle bacillus, and gave an account of the experimental evidence which had convinced him of its essential etiological relation to the disease tuberculosis, it was natural that conservative physicians should demand additional evidence and confirmation from other sources before accepting his conclusions, notwithstanding the reputation which he had already established as an expert and conscientious investigator. Hence Dr. G. M. Sternberg was led to study the *modus operandi* of the bacillus in producing tuberculosis, and ascertain whether its pathological power resulted from its simply acting as a mechanical irritant or depended upon specific physiological characters peculiar to it. The result of his important investigation, which was made in the biological laboratory of the Johns Hopkins University, appears in the January number of the American Journal of Medical Sciences. He injected into the peritoneal cavity of a number of rabbits thoroughly sterilized, powdered glass and marine blue, taking every precaution to avoid the dangers and possibilities of accidental infection, and the results gave no support whatever to the claim that tuberculosis may be induced by the presence of finely powdered inorganic particles or to the view that the tubercle bacillus induces tuberculosis by acting simply as a mechanical irritant.

CASE OF CESAREAN SECTION PERFORMED BY THE PATIENT HERSELF.—The following remarkable case was related by Dr. von Guggenberg, and the patient exhibited, at the last annual meeting of Bohemian physicians at Tetschen. On September 28, 1876, he was summoned at two in the morning to see a woman, who was said to have cut open her abdomen. He found the patient lying in a miserable house, on a wretched and dirty bed, exhausted and bloodless, and only capable of making affirmative and negative signs. On removing a dirty petticoat which covered her, an incised wound was seen on the right side of the abdomen, passing downward and inward, from which

a somewhat large coil of intestine protruded, the greater part of which, covered with dried blood, rested upon a dirty blood-soaked straw sack. Hemorrhage seemed to have ceased from every part of the wound, and the uterus was contracted to the size of a child's head. A fully developed, but dead, male child lay between the patient's knees. Clean linen was procured from a neighboring house, and, with a piece soaked in oil, the protruded intestines were carefully wiped and returned, and the wound sewed up, the peritoneum being included with the skin. The incision was about three and a half inches long, and slightly S-shaped. It was dressed with a five-per-cent carbolic solution, fixed with strapping, and the abdomen was carefully bandaged. By the afternoon, the patient was able to speak, and next day the history was taken. She had had seven children previously, four of whom had been born without medical assistance, two with forceps, and one after craniotomy. The pains began between September 24th and 25th, ceased in the afternoon, and came on again on September 26th, when the midwife stated that she felt the presenting head on vaginal examination. On September 27th, convulsions came on, according to the patient's account, accompanied by agonizing pain and great distension of the abdomen, the movements of the child ceasing. The pain and distension became so severe that the patient determined to perform cesarean section, of which she had heard. She therefore took a razor and divided the skin slowly; she then made a second and a third incision; and finding the child not yet appearing, made another cut, which caused a large jet of blood to escape, and exposed the placenta; this she removed. One foot of the child came into view, which she seized and pulled upon until the whole of the body came through the wound, the head requiring the exertion of all her force. She divided the umbilical cord, laid the child (which she believed to be dead) beside her on the bed, and threw the placenta on the floor. She had passed neither urine nor feces since September 24th. The progress of the case was very good; urine was passed on the afternoon of September 28th, but the first stool not till October 2d. The pulse reached one hundred and twenty on the day after the operation, but was never again so frequent; the temperature is stated to have been not very high; and, although there was a considerable amount of exudation from the

wound, it had united by October 3d. The patient soon returned to work, and has been ever since in perfect health.—*British Medical Journal*.

A NEW METHOD OF TREATING ACUTE INTESTINAL OBSTRUCTION.—There has recently been advocated and successfully practiced a method of affording relief in cases of intestinal obstruction which may become widely applied. Dr. Kussmaul was the first to advance the view that free washing out of the stomach might prove efficacious, and already cases of marked success following this measure have been published. In one case, after eight days' complete obstruction, and in the other, after nine days, the symptom of fecal vomiting being present in each, the washing out of the stomach, and consequent evacuation of large quantities of fluid fecal matter from the upper part of the small intestine, resulted in complete relief from symptoms. The measure is compared by Cahn (*Berl. Klin. Woch.*) to the effect produced by laparotomy above the site of an obstruction; and the good result is explained on the ground that the evacuation of the distended bowel affords an opportunity for a spontaneous reduction of a herniated or twisted loop. The relief from the inordinate abdominal distention is very great, and, moreover, the disappearance of this distension favors palpation for the purpose of diagnosis. Obviously, not every case of acute intestinal obstruction could possibly be relieved by this method, but the simplicity of the practice, the certainty of affording temporary relief, and the possibility of a cure are reasons for its sedulous adoption prior to proceeding to more serious measures.—*Lancet*.

THE TEACHINGS OF THE PARIS CHOLERA EPIDEMIC.—Dr. Dujardin-Beaumetz recently communicated to the French Academy of Medicine some interesting data concerning the recent epidemic of Asiatic cholera in Paris. (*Deutsche Medizinal Zeitung*.) The first case appeared during the 3d, the last on the 15th of November. November 5th, when the general condition of the city was one of remarkably good health, there were already reported in Paris, at several places simultaneously, some ten or fifteen cases. The epidemic rapidly increased up to the 10th. Comparing the mortality of this epidemic, viz., 4.05 deaths for each 10,000 inhabitants, with that of former epidemics,

the following result is obtained: 1832, of 10,000 inhabitants, 234.16 died; 1849, 185.31 died; 1854, 78.0 died; 1873, 4.6 died; 1884, 4.05 died. This proves the gradual but certain decrease in the severity of the epidemic. In Toulon last year 669 persons died of cholera, viz., 12.6 of each 1,000 inhabitants; but considering the great number of individuals that left the city or suffered from the disease somewhere else, the mortality rate has in fact been a much higher one. The same may be said of Marseilles, where 49.4 per cent died of each 10,000. Certain it is that weak and sickly persons, as also especially "topers," contributed by far the greatest majority of deaths. An attempt to connect the march and spread of the disease with the distribution of the water had to be given up. Two aqueducts run parallel in the streets of Paris, one carrying the water from the Ourcq, the other from the Vanne. To determine the mooted question, it would have been necessary to inquire in every house from which line the water consumed had been procured; and even then the result would not have been deciding, as both lines so intimately anastomose with each other that it is an impossibility in most houses to say from which line the water had been obtained. But the information has been nevertheless gained that the districts provided with water from the Ourcq suffered most severely, or rather that in the sections most affected this water was the one by far most used. Of special salutary effect seem to have been the police measures for the transport and the disinfection of the sick and their residences.—*Medical Press and Circular*.

A CORRELATION THEORY OF COLOR-PERCEPTION.—In the January number of the American Journal of the Medical Sciences Dr. Charles A. Oliver elaborates a correlation theory of color-perception. He holds that color-perception takes place through each and every optic nerve filament. It consists in the passive separation of a specific nerve energy equal to the exposed natural color from a supposed "energy-equivalent" resident in the peripheral nerve tip by an active chemico-vital process of the impinging natural color vibration upon the sensitized nerve terminal. The separated nerve-energy is transmitted to the central terminus of the filament in the cerebral retina, where it is fully evolved into such a condition as to be transferred into

an automatic form of perception by an action upon some unknown contiguous perceptive nerve elements: this constitutes the consummation of the nerve-energy force into the lowest (and evanescent) form of recognizable color-perception. Finally, it is carried through similar posts and stations, though now of a higher value, as it was while pursuing its course inward as a sensation, until at last it is completely recognized as intelligent color-perception in the higher color centers; these higher color cells being permanent in type and forming parts and parcels of the higher perceptive cerebral centers. The first moment that the primary portion of this action (that is, the separation) has taken place there has been left in the peripheral tip of the primarily impinged sensory filament a nerve-energy material equal to the difference between that individual nerve's "energy-equivalent" and the transmitted nerve stimulus. The healthy peripheral nerve tip returns to its "energy-equivalent," or normal nerve power, the moment the specific energy separated by the received natural vibration has been forwarded for transmission and recognition, while the transmitting filament and excited cerebral expansion regain their normal condition the moment the energy has passed them. After the consummation of such an action the filament is again ready for any other natural color-vibration.

POLIOMYELITIS ANTERIOR IN ADULTS.—Dr. Gustavus Eliot, of New Haven, records, in the American Journal of the Medical Sciences for January, a carefully-noted case of poliomyelitis anterior occurring in an adult. The progressive development of muscular weakness, unattended by febrile symptoms, but accompanied by diminution of the size of the limbs, by abolition of the patella tendon reflex, and by sensations of numbness, yet without loss of tactile sensation, and without interference with the function of either the rectum or bladder, rendered the diagnosis clear and indisputable.

A large proportion of the reports of cases which have been published contain little or no information concerning the details of treatment, and in many others the multiplicity of drugs prescribed renders any reliable conclusions in regard to the effect of each almost impossible. Bromide of potassium, belladonna, strychnia, ergot, and iodide of potassium have been most often employed, and most praised. Counter-irri-

tation, baths, rubbing and exercise and electricity are also included as important elements in most plans of treatment. From a careful study of the results of various plans of treatment as reported by various observers Dr. Eliot deduces the following conclusions: (1) Counter-irritation and ergot should be employed early in every case. (2) Massage and electricity should be used as soon as there is any evidence of improvement. (3) Little, if any, effect can be expected from iodide of potassium. (4) Belladonna and the bromides should be used only with extreme caution. (5) Strychnia should be entirely avoided.

INNERVATION OF THE LARYNX.—Prof. Sigmund Exner, in his work, *Die Innervation des Kehlkopfes* (Vienna, 1884), announces the discovery of a third laryngeal nerve—*nervus laryngeus medius*. This nerve is derived from the pharyngeal and laryngeal plexus formed by the pharyngeal branch of the vagus with other nerves, and enters the crico-thyroid muscle, which is also supplied by the external branch of the superior laryngeal nerve. The inter-arytenoid muscle is supplied by both upper and both lower laryngeal nerves, and generally each muscle is innervated by several nerves. The above conclusions are deduced from three lines of research: (1) Irritation of nerves in living animals; (2) degenerations of nerves after section in living animals; (3) examination of the larynx in children (post mortem).—*British Medical Journal*.

INTROSPECTIVE INSANITY.—Among those vague conditions of mental weakness in which there is slight derangement of the intellectual powers, yet a decidedly marked enfeeblement of the will and an excitement of the emotions of a more or less limited kind, we find a variety of interesting psychoses which have, within a comparatively recent period, been considered under the names *folie du doute* or *grübelnsucht*. And, in an interesting clinical paper in the American Journal of the Medical Sciences for January, Dr. Allan McLane Hamilton treats them under the title of "Introspective Insanity." In the cases Dr. Hamilton relates there was a history of insanity, and the nervous temperament was manifested by various peculiarities, more often by a species of hypochondriasis, by peculiarities of temper, and by acts of eccentricity which caused the subjects to be looked upon as "queer." These terms are applied to the condition of

mind which is manifested by a morbid feeling of doubt and consequent indecision under the most ordinary circumstances, when both the doubt and indecision are unreasonable in the extreme, but the individual, under the mandate of an imperative conception, yields more or less to his disordered emotions. Some years ago we would speak of this condition of mind as "hysteria," or, if it influenced the patient's conduct to any remarkable degree, we would be at a loss for a proper explanation.

AN OBSCURE CASE OF POPLITEAL ANEURISM SIMULATING SARCOMA.—The diagnosis of popliteal aneurism is not generally a matter of great difficulty, still some of the cases of aneurism simulate other diseases so closely that mistakes are occasionally made. Many able surgeons have opened aneurisms, supposing them to be abscesses, and others again have tied the femoral artery for malignant growths, mistaking them for aneurisms. There are not a few cases recorded where an old consolidated aneurism has been mistaken for an sarcomatous tumor. In the January issue of the American Journal of the Medical Sciences Dr. Francis J. Shepherd, of Montreal, reports an obscure and instructive case of popliteal aneurism, which was under observation for several weeks, and in which there was a total absence of aneurismal symptoms, and the rational symptoms pointed to sarcoma, either of the periosteum or the parts about an old popliteal aneurism, for which the patient had been successfully treated some years before. Amputation was performed, and an examination of the tumor showed it to be solid throughout and composed of fibrin, solidified *en masse*. The orifice of the aneurism was at the distal end of the tumor, and the blood therefore flowed from below up, with, of course, a lessened stream; the circulation, owing to the obliteration of the femoral above the tumor, being carried on by collateral branches. As there was no cavity in the tumor the absence of pulsation and bruit is explained. As there was not a single symptom which pointed to aneurism an accurate diagnosis seems to have been impossible.

PSORIASIS—VERRUCA; EPITHELIOMA A SEQUENCE.—Dr. James C. White, of Boston, in the January number of the American Journal of the Medical Sciences, presents brief notes of two remarkable cases

of disease—cases extraordinary, not for the rarity of the pathological processes they represent, but for the very unusual sequence of tissue change exhibited in their course. There were three distinct pathological affections of the cutaneous tissues, psoriasis, verrucous hypertrophy, and epitheliomatous new growth; not occurring independently of each other, but as successive mutual transformations in the above order.

The three dermatoses which enter into the clinical history of Dr. White's case, and which are in their nature apparently as unlike as their companionship is rare, have a close affiliation in their anatomical relations. The transformation of patches of psoriasis into horny or warty permanent growth is not referred to in most works on dermatology as of possible occurrence even; the transformation of verrucous growths into epithelioma is of not very infrequent occurrence; but the uninterrupted sequence followed in this case, psoriasis, verruca, epithelioma, or, in other words, psoriasis as a cause of carcinoma, is extremely rare or unparalleled in dermatological history. The practical lesson to be deduced is that the transformation of patches of psoriasis into verrucous hypertrophy must be regarded as an ominous occurrence, and that the softening or other change of such horny growths demands thorough excision without delay.

A CONTRIBUTION TO JACKSONIAN EPILEPSY AND THE SITUATION OF THE LEG CENTER.—Dr. William Osler, of the University of Pennsylvania, records, in the January issue of the *American Journal of the Medical Sciences*, the history of an instructive case of Jacksonian epilepsy, the main points of difference between which and true epilepsy are, the slow onset, local in character, beginning in, or in mild attacks confined to, one limb or a single group of muscles; the gradual extension until the side is involved, or, in severe attacks, the entire body; loss of consciousness late, not early and sudden, as in true epilepsy; and, lastly, the muscular contractions are clonic.

His case lasted over fourteen years, the convulsions beginning in the left hand, at first monobrachial, then extending to the leg, afterward becoming unilateral, and finally general, at first without loss of consciousness. For the first nine years of the illness there were remarkable intermissions, lasting for six or seven months, once an entire year. Six years after the onset the left leg got weak and stiff. For four years, the

tenth, eleventh, twelfth, and thirteenth of the illness, the seizures were frequent. During this period there were six weeks of unconsciousness in which the spasms were very frequent, fifty to eighty in the day. Ten months prior to the final attacks there was freedom from convulsions. The intellectual faculties were unimpaired.

The case is unusual in the limitation of the lesion to the ascending frontal convolution and to its fasciculus of white matter, scarcely involving the gray substance which is commonly affected in cortical epilepsy. The accurate localization and the remarkable absence of tissue changes in the immediate vicinity give the case the nature of an exact physiological experiment. With this limited lesion of the motor area there was permanent paralysis with contracture of one extremity and epileptiform convulsions. Another feature of interest in the case is the light it throws on the situation of the leg center. The fibrous mass was situated entirely within the anterior part of the paracentral lobule, limited in extent, confined chiefly to the medullary fibers of the superior frontal fasciculus, and only touched the gray matter in places. A point to be referred to is the absence of the paralysis of the leg for the first six years, for, if the convulsions and monoplegia were caused by the same lesion, how explain the late onset of the latter? From the fibroid state of the tumor it might reasonably be inferred that it was originally larger and had shrunk, but the absence of puckering on the surface and the way in which the margins merged with the contiguous parts make it probable that the growth was always small, so small in fact that at one period of its development it may have caused sufficient irritation to induce the convulsions, and yet at the same time not involve the special fasciculi of white fibers to the extent of producing weakness of the leg, or monoplegia.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department of the United States Army, from March 22, 1885, to March 28, 1885:

Taylor, M. K., Major and Surgeon, granted leave of absence for one month, to take effect about April 15th. (S. O. 46, Dept. Mo., March 21, 1885.) *Havard, Valery*, Captain and Assistant Surgeon, leave of absence extended one month. (S. O. 65, A. G. O., March 21, 1885.) *Raymond, H. I.*, First Lieutenant and Assistant Surgeon, assigned to duty at Fort Gaston, Cal., Post Surgeon (S. O. 30, Dept. Cal., March 20, 1885.)

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Original.

TUBERCULAR CEREBRAL MENINGITIS.

BY JOHN B. RICHARDSON, M. D.

Does there exist a physician who does not "stand in pause," overwhelmed with regret at his perfect powerlessness for good, when summoned to a case of tubercular meningitis? It is true a few cases of recovery from this "fell destroyer" have been reported, a part of which, to say the least, are surrounded by grave doubts as to their having been accurately diagnosed.

Occurring in those of a tuberculous or scrofulous diathesis—in adults rarely, in children frequently—representatives of childhood almost invariably marked and known for their mental brilliancy and precocity, as a consequence attaching themselves to all who come in contact with them—the old as well as the young—making their deaths more impressive and affecting than those resulting from most any other affection; then, again, the suddenness in some instances of their deaths—to-day bright, buoyant, and healthful to all outward appearances, to-morrow engaged in an almost certainly deadly conflict with an incurable, and, at times, a disease which you are unable to rob of one of its terrible features.

The want of similarity of appearance of its local affects to the eye of the observer, upon making autopsies of these cases, forces us to the conclusion that the tuberculous stamp makes some impress and results, in systems constitutionally marked by the scrofulous or tuberculous diathesis, inappreciable to the naked eye or upon the field of the microscope, yet "a seal set," known by its *effects*, but not by its mode of behavior in its relation of *cause*.

How frequently do we observe patients, who have years since been subjects of con-

stitutional syphilis, now, it may be, no very positive effects remaining in their systems, yet let them be attacked by some form of fever, typhoid or other, they do not respond to the various medicinal agents as those who have never been impressed thus do, but without assignable reason sink beyond recall, sometimes during the very inception of such a fever, their *vis vitæ* seeming to have been sapped, or readily yielding to the attack of any grave disorder. Peculiarly impressive are all these cases, and especially so, as before intimated, on account of their incurability, the pathological change being a deposit of gray granulations or what are usually termed "miliary tubercles," rarely upon the free surface of the arachnoid, but most frequently in the meshes of the pia mater, in the form of small oval or ovoid and flattened bodies of sizes ranging from two fifths to four fifths of a line, at times so minute as to escape other than the most careful search, in *number* ranging from two to three to a thick scattering over the greater extent of the last mentioned envelope of the brain. Their point of election, so to speak (being there most commonly found), is the base of the brain, particularly about the "optic chiasm" and the fissures of Sylvius. In the field of the microscope they are observed to be composed of a goodly number of oval cells with a single nucleus, and occasionally some larger cells will be seen with small nuclei scattered among the smaller cells. These granulations have been observed by some pathologists enveloping or surrounding small arterioles, which, by the act of accretion, diminish and finally entirely obstruct the blood circulation through them. The presence of these tubercles very soon (the time required varying in different cases) provokes an inflammatory action in the shape of a meningitis, with its train of symptoms following fast upon its heels, exudation of serum, which exudate may en-

tirely envelop and conceal the tubercles from view. Following these changes in the pia mater, we have effusion within the ventricles. This, as a starting point, soon involves the true brain tissue, producing a breaking down or disintegration of its substance and irrevocable destruction. We are all aware, as this destructive process is taking place in the brain substance, that the deposit of and sequent disintegrating changes may and often are at the same time occurring in other parts of the body, such as in the lungs, mesenteric glands, bronchial glands, pleura, and peritoneum.

All these transitions may be insidiously transpiring, and no further evidence of the fact display itself than that the child is a little below par physically; it indeed can not be pronounced sick, or in perfect health, but this is all. It may be it has had one or more attacks of indigestion, or apparently a slight malarial manifestation, which to all appearances yields to ordinary anti-periodic treatment.

Let me here remark, you will find all authorities painting for you, with delicately-handled pencil, a picture complete and clearly marked in all of its tracings—in a word, a typical case of this disease—the outlines of which, as well as the lights and shadows, are brought boldly and satisfactorily into view; so plain, indeed, that “he who runs may read.” But, alas! how different this picture from the one observed at the bedside. So true is this that the most painstaking and experienced investigator will frequently find himself “at sea.” Such luminaries as Barthez and Rilliet, Barrier, Hayem, Bastian, Cornil, Valliex, Gerhard, Trousseau, Whytt, Rufz, Guersant, and many others, acknowledge it to be an impossibility to diagnose unerringly tubercular meningitis from the non-tubercular or simple form; the autopsy in some instances even throwing no light upon the subject; for, says M. Valliex, “M. Rufz, after determining at the autopsy that a case which he had witnessed was one of simple meningitis, asserted that it would have been impossible to distinguish it from the tubercular disease during life.”

The local pathological condition of this affection can be stated in a few words: The disease is characterized by violent cerebral symptoms, dependent upon the existence of tubercular granulations in the pia mater as the essential anatomical lesion, accompanied in the great majority of cases by coincident inflammation of that membrane, by

softening of the central parts of the brain, by effusion of serum into the ventricles, and in many instances by tubercular deposits in other organs.

My old teacher, Da Costa, of Philadelphia, asks this question in his work on Medical Diagnosis: “Can we distinguish this formidable complaint from ordinary meningitis?” and answers it as follows: “Seldom from meningitis of the base; generally from meningitis of the convexities.” Now, our individual experience warrants our indorsing this expression thus far: It is possible in a typical case, being cognizant of the family history of your patient, as well as his individual history; but the difficulty lies in two directions: First, the insidious manner of its development in many cases; and secondly, you will not be able, in a large number of instances, to elicit the information as to the family history. Among the better class of patients, socially, this may be and frequently is withheld, from a species of false pride, or a determination not to believe a tendency to tuberculous disease exists in their families. Among the more ignorant classes they bother themselves very little with such minor subjects.

Tubercular meningitis usually occurs in an unhealthy subject, who may suffer from tuberculous deposits in any of the other internal organs, or it may be distinguished by its insidious approach, by the mild form of delirium, as also by the appearance of convulsive movements, not early in the history of the case, *but late* (the cephalalgia less violent, the febrile increase being less marked); by the palpable remissions in the cerebral signs, by the chest symptoms, and the chronic duration of the disease. But suppose—and you do meet with such examples—we have no delirium, no convulsive seizures during the first and second stages, and in the third stage not marked in character, with only slight subsultus or twitchings? The disease under consideration, you will recall, is closely simulated by not only *simple meningitis*, but by the acute hydrocephalous and hydrocephaloid disease of Marshall Hall, among the diseases of the brain; also by typhoid fever (and for this fever or a typhoid condition it is frequently mistaken), remittent fever, and the inflammatory affections of the lungs, which last-mentioned in children are so frequently associated with delirium and other manifestations of a deranged nervous system.

The period of invasion may be of long or short duration; if the former your diagnosis

is not so difficult, but if the latter its diagnosis may and often does baffle the skill of the profoundest and most experienced of diagnosticians.

The case may begin with symptoms of an attack of indigestion with slight irritability of the stomach and diarrhea and occasional vomiting, which symptoms may disappear under simple and appropriate treatment, the child manifesting its accustomed degree of intellectuality, possibly a little fretful and peevish, as you would justly expect under recovery from such an indisposition.

A slight concomitant fever is usually present, the thermometer registering 99° to 101° F. Your mental prognosis being, perhaps after this we may have a slight malarial expression which we can easily combat with some preparation of bark, and we shall have no further trouble. In this you are doomed to disappointment. The symptoms of indigestion have vanished, but the child's temperature remains above normal, only you possibly may note both morning and evening exacerbations not sufficiently great as to indicate the effects of malarial or typhoid fever. This continues for a few days, the patient sleeping pretty well, its appetite being small and capricious; no difficulty in arousing it from its slumbers for purposes of nourishment or attending to voiding its bladder or bowels; indeed, the patient will express a desire to attend to these calls. You determine you will be conservative in your treatment, and only keep the functions of the skin, kidneys, and bladder duly active. It can not be typhoid fever, you reason, as none of the organs, upon the most carefully conducted investigation, yield any abnormal condition, and there is no continuous evening increase of the temperature; it may be that the heart shows less strength, but that is all. No great degree of headache is complained of. Then, what is this extremely insidious affection? say you.

If the subject be an unhealthy one, the delirium of mild form, the appearance of convulsions occurring late in the history of the attack, the presence of the less acute degree of cephalalgia, as also the remissions in some of the cerebral signs, etc., there can be no difficulty in your safe arrival at a diagnosis. But suppose, as we have witnessed, we have no delirium, no convulsive seizures during the first and second stages, and in the third stage even these not marked in character.

Watson remarks, in his Practice, there are

three ways in which this disease may make its attacks: first, it may come on *gradually*, and this is the most frequent; second, there are no premonitory symptoms, or they occur for a very short time before the disease sets in suddenly and violently with acute pain in the head and high fever; third, the mode in which it makes its advances is very insidious; the head symptoms supervene upon the subsidence of some other malady during the decline of scarlet fever, smallpox, whooping-cough, or any inflammatory or febrile complaint, or even after painful dentition or upon the disappearance of an eruption from the scalp. Dr. Abercrombie holds the softening of the brain tissue to be a result of inflammation, and that this inflammation of these central *white parts* constitutes the essence of the disease, and a fatal result may occur without any effusion of serum or serous matter, indeed, without any other morbid appearance.

There remains no doubt in the mind of any medical gentleman, we suppose, that the "*fons et origo mali*" of this disease lies in the scrofulous or tuberculous diathesis. The constitutional tendency undoubtedly is hereditary, and children born with this tendency are not only liable to, but most probably will have strumous disease lighted up in many organs at once, or in quick succession. Now the causes of bringing into active expression this latent condition are manifold: improper or insufficient diet, subjection to sudden transitions in temperature, vitiated air, or improper or scanty clothing, or a general irritation of any nature, may provoke an exhibition of this affection; for example, a sudden suppression of a "*tinea capitis*," or a chronic sore or sores behind the ears; their rapid or hurried cure is therefore inadvisable. The prognosis in these cases is always doubtful; but should your patient be a healthy subject, the affection developing rapidly and violently, a shade of hope may be entertained, because it may not prove *tubercular*, but simple meningitis. It has been our misfortune never to have witnessed a recovery from the tubercular form of this trouble. A great difference in experience, however, obtains upon this point. Dr. Odier, of Geneva, holds one third of these cases recover; Dr. Gölis, of Vienna states five out of thirty-seven got well in his practice; Dr. Brechatau lost four out of eleven cases; that is, adding together these and those recorded by Dr. Mills, we have nineteen recoveries out of seventy-six, or one in four.

Whytt, one of the pioneer writers upon this subject, divides the affection into three stages, taking the state of the pulse as his guide: his first stage was that in which the pulse was frequent; second, in which it was both slow and irregular, and his third stage was that in which it again becomes both rapid and feeble.

Gooch, on the other hand, divides it into four stages, being governed by the supposed condition of the brain. He termed his first stage the *stage of turgescence*; second, the period of inflammation; third, the period of effusion, and fourth, that of palsy.

Cheyne, guided by the *nervous manifestations*, names the first stage that of *increased sensibility*; the second stage that of *diminished sensibility*, and the third stage that of *palsy and convulsions*. So frequent are the variations both as to the circulation and nervous manifestations in these cases that no classification which will prove constant can safely be made.

Hammond divides it into four stages: first, *the prodromatic stage*, says he (in some instances this is never observable or present, or, to say the least, so indistinctly expressed as to be overlooked), generally it is sufficiently plain. The patient being sufficiently advanced in years, you will observe a radical change takes place in his disposition. He is irritable, fretful, and peevish, losing his accustomed interest in his plays or other means of diversion; anorexia, and consequent emaciation, the latter symptom more observable about the trunk and inferior extremities. Constipation is the rule, diarrhea the exception. Headache in this first stage is not often complained of, or the symptom of vomiting. Fever is not continuous, but as a rule is present at irregular times. This stage may continue but a few days, possibly for two or three months. Second, *the stage of excitement* generally begins with the symptom of constant vomiting, whether food be taken or not; attending this emesis the patient will complain of extreme pain in the head, the child's mode of expressing it will be by putting its hands to its head and crying, or awaking from its sleep screaming. Convulsions may now occur, in character closely resembling epileptic convulsions. The febrile state of this stage is more continuous than it is in the first stage, though it may still be irregular. A singular feature of the pulse is, it is both *soft* and *compressible*, thus differing from the *hard* and *resisting* pulse of other fevers. Up to this time

the *intellectual* faculties are not very greatly affected, though the changes of both the character and disposition of the patient are very noticeable. The tongue is generally coated, its edges being red, and the bowels being constipated. Though physically your patient is weak, this weakness is not so great as to force him to keep his bed. Bodily temperature is above normal, thermometer registering in axilla 100° to 103° F. There may be appreciable remissions in the violence of all these symptoms. The development from the second into the third stage may be expressed by a remarkable and deceptive amelioration of all of the symptoms, which may continue several days and may mislead the superficial or ignorant observer.

In the third, or *stage of depression*, the pulse, which was formerly at times as high as 140 and at other times as low as 80 per minute, now becomes less rapid, and may fall to 50, its stroke being quick. An interval between the heart's contractions is sometimes so prolonged as to make you fear it may not beat again: it is also an irregular pulse, and in proportion to its irregularity will be the unfavorableness of your prognosis.

The temperature in this stage is *below* normal, and in infants continues so until the inception of the last or fourth stage. As a consequence of the excitement and attendant wakefulness of the preceding stage, the patient sleeps now most of the time, which tendency to somnolency alternates with, most frequently, rather *quiet* delirium; he takes no notice of what may be transpiring around him, though at times he may, when loudly spoken to, turn his eyes toward or upon the speaker; his fingers are continually in motion, picking at real or imaginary objects. Convulsive movements, limited to a set or sets of muscles, or *general* in their character, occur during this stage, and may be continuous. The muscles of the eyes rarely escape, expressed either in strabismus, convulsive movements of the pupils, or continuous movements of the eyeballs; the muscles of the face frequently suffer, more especially toward the end of this stage. When awake there is a continuance of the headache, causing the familiar "hydrocephalic cry"—a cry peculiar in its not being indicative of *pure* physical agony, but combined with it a fear or dread of something terrible yet *soon* to come; though at the same moment you will observe contractions of the facial mus-

cles which are usually indicative of pain. You will note also alternating facial paleness and flushings, disappearing and reappearing with great rapidity. Conjunctival injection, with photophobia, exists. There may be hyperesthesia, or anesthesia of the skin. The emesis of the second stage no longer obtains, but as a rule constipation is still present. The act of respiration is irregular, being at times rapid and then soon after slow, with the peculiar sighing respiration at intervals. This irregularity of the respiratory act, as well as the heart-beat, is dependent upon involvement of the pneumogastric centers. The duration of this stage may be for from two to three days to as many weeks.

The fourth stage, or *stage of recurrence*, is characterized by the reappearance of the fever and an augmentation of the symptoms pointing to brain trouble. Prior to its onset we may have that remarkably deceptive and misleading condition of a nearly perfect *intermission of all the cerebral symptoms* which is so liable to mislead the inexperienced or careless observer, the impression apt to be made upon the minds of those interested in the case being that now recovery will surely take place; or, if one doctor has just supplanted another, that of "behold, what wonders he hath wrought!" Convulsive movements will now become more emphatic, both as to frequency and violence, together with, in some instances, tonic contractions of the extremities, and muscles of the neck and back, causing opisthotonos. These movements, after a greater or less period of time, end in paralysis of first one or more of the extremities, both of a side or on opposite sides, voluntary motion being lost, but reflex movements can be produced; delirium increases, as also somnolence, and finally coma becomes general, and sensibility of the spine is completely abrogated. Just anterior to dissolution the pulse-rate becomes more rapid—in some cases over 200 per minute; a cold, clammy perspiration freely bathes the little patient, and he dies, either with a slow asphyxia, or in convulsions.

Case. There was recently under my professional care a bright little girl, six years of age, fair complexion, blue-eyed, light hair, with remarkably long eyelashes, having a prior history of good general health, though never robust; during the latter part of March (I first saw her July 13, 1880), she had passed through an attack of typhoid pneumonia, in which she was attended by

one of our most capable and erudite physicians. Her general health now had been apparently fully restored.

July 13th, was summoned to her, and found she was a little peevish and irritable, with a temperature of 101° F.; had had two or three diarrheal discharges, supposed to have been provoked by something she had eaten through the day; slight nausea, and had vomited once only, which act seemed to relieve her. Temperature was not sufficiently exalted to indicate any malarial manifestation, which fact made me at once solicitous as to her condition—bespeaking to my mind something latent. I prescribed quietude of body and mind, fluid food in small quantities, and antiperiodic doses of sulphate of quinine upon the assumption that malaria might possibly exist as a factor, as also to get the benefit of its antifebrile quality, which medicine was well retained by the stomach. Next morning there was less fever but no intermission; irritability of stomach and diarrhea had both disappeared, patient resting quietly, but when addressed still exhibiting some irritability of disposition, which with her was uncommon.

The latter description of the case held up to the 18th of July, when the following "chart" was begun. There was no ptosis up to this date, but the mother said during this visit, "She believed, may be it was imagination on her part, there was a slight difference in the sizes of the child's two pupils." I examined closely and found it was true, the left pupil being the larger. There was slight ptosis of left lid:

Time.	Temperature.	Pulse.
July 18, 1880, 10 A.M.		134
" 11 "		130
" 11:30 "	$100\frac{1}{4}^{\circ}$	128
" 12:30 P.M.		120
" 12:45 "	101°	
" 1:20 "		126
" 1:30 "	$100\frac{1}{2}^{\circ}$	
" 2:10 "		120
" 2:45 "	$101\frac{1}{4}^{\circ}$	110
" 3:20 "		118
" 5:10 "	$101\frac{5}{8}^{\circ}$	140
" 10 "	$99\frac{1}{2}^{\circ}$	
" 11:15 "		109
" 11:30 "	$99\frac{5}{8}^{\circ}$	
July 19, 1880, 12:35 A.M.		104
" 1 "	$99\frac{1}{2}^{\circ}$	116
" 1:30 "	$99\frac{1}{2}^{\circ}$	124
" 2 "	$100\frac{3}{8}^{\circ}$	124
" 2:45 "	$100\frac{1}{4}^{\circ}$	112
" 4 "	101°	120
" 5 "	101°	110
" 6 "	101°	120
" 7:50 "	$101\frac{1}{4}^{\circ}$	120
" 11:10 "	$101\frac{1}{2}^{\circ}$	124

Time.			Temperature.	Pulse.	Time.			Temperature.	Pulse.
July 19, 1880,	12:20	P.M.	100 $\frac{1}{4}$ °	110	July 23, 1880,	3:30	A.M.	99 $\frac{3}{4}$ °	
"	2	"	100 $\frac{1}{4}$ °		"	4:30	"	99 $\frac{1}{4}$ °	
"	5	"	101°	114	"	5:30	"	99 $\frac{1}{2}$ °	
"	7	"	100 $\frac{2}{8}$ °	108	"	6:30	"	100°	
"	8	"	101°	115	"	7	"	99 $\frac{5}{8}$ °	120
"	9:15	"	99 $\frac{5}{8}$ °	108	"	7:45	"	99 $\frac{1}{2}$ °	110
"	10:45	"	100 $\frac{1}{2}$ °		"	11:30	"	99 $\frac{7}{8}$ °	104
"	11:15	"	100 $\frac{1}{2}$ °	120	"	12:45	P.M.	99°	120
July 20, 1880,	1	A.M.	100 $\frac{5}{8}$ °	105	"	1:30	"	100 $\frac{1}{4}$ °	137
"	1:30	"	100 $\frac{3}{8}$ °	108	"	2:40	"	99 $\frac{1}{2}$ °	104
"	2:45	"	100 $\frac{1}{8}$ °	120	"	4	"	99°	104
"	4	"	100 $\frac{1}{2}$ °		"	4:40	"	99 $\frac{1}{4}$ °	120
"	5	"	101 $\frac{1}{2}$ °	118	"	5	"	99 $\frac{1}{2}$ °	
"	6	"	101 $\frac{1}{4}$ °	110	"	6:30	"	101 $\frac{1}{8}$ °	
"	6:40	"	101 $\frac{1}{2}$ °	130	"	8:20	"	100 $\frac{2}{5}$ °	116
"	8:50	"	101 $\frac{1}{8}$ °	120	"	10	"	100 $\frac{1}{4}$ °	115
"	10:30	"	100 $\frac{1}{4}$ °	120	"	10:30	"		126
"	11:30	"	100 $\frac{3}{8}$ °	105	"	11	"	99 $\frac{3}{4}$ °	
"	12:30	P.M.	100°	112	"	11:45	"		117
"	1:30	"	100 $\frac{1}{8}$ °	105	July 24, 1880,	1	A.M.	99 $\frac{1}{2}$ °	104
"	2:30	"	100 $\frac{1}{2}$ °	110	"	2	"	99 $\frac{1}{2}$ °	
"	6:30	"	101 $\frac{1}{4}$ °	120	"	3 to 5	"	{ Pulse very weak, child greatly exhausted.	
"	7:30	"	101 $\frac{1}{2}$ °	120	"	6	"		110
"	9:30	"	101°	115	"	7:15	"	100 $\frac{3}{5}$ °	80
"	10:30	"	101 $\frac{1}{4}$ °		"	8:15	"	101°	
"	11:30	"	100 $\frac{1}{2}$ °		"	12:30	P.M.	101°	128
July 21, 1880,	1	A.M.	100 $\frac{3}{8}$ °	110	"	3:05	"	101 $\frac{1}{4}$ °	112
"	1:30	"	100 $\frac{5}{8}$ °	130	"	6:15	"	101 $\frac{3}{4}$ °	128
"	2	"	100 $\frac{3}{8}$ °	120	"	7:40	"		124
"	2:30	"	100 $\frac{5}{8}$ °	112	"	8	"	99 $\frac{1}{2}$ °	122
"	4	"	101 $\frac{3}{8}$ °		"	10:15	"		114
"	5	"	101 $\frac{1}{8}$ °		"	11:45	"	100°	116
"	6	"	101 $\frac{1}{4}$ °		July 25, 1880,	1	P.M.	102 $\frac{4}{5}$ °	
"	7	"	101 $\frac{3}{8}$ °	115	"	4	"	103°	
"	7:30	"	101 $\frac{3}{8}$ °	116	July 26, 1880,	1	A.M.	102 $\frac{1}{2}$ °	
"	8:30	"	100 $\frac{5}{8}$ °		"	4:15	"	103°	
"	11:30	"	100 $\frac{1}{2}$ °	116	"	5:30	"	102°	
"	12:45	P.M.	100 $\frac{7}{8}$ °	120	"	6	"	102 $\frac{1}{5}$ °	
"	1:10	"	99 $\frac{3}{4}$ °	104	"	7:30	"	102°	120
"	2:10	"	100 $\frac{1}{4}$ °	104	"	12:40	P.M.	Res. 33, 101°	132
"	3:30	"	100 $\frac{3}{8}$ °		"	1:40	"	100 $\frac{1}{2}$ °	
"	5:45	"	101 $\frac{1}{8}$ °	140	"	9:30	"	103 $\frac{1}{4}$ °	
"	6:30	"	101 $\frac{3}{8}$ °		July 27, 1880,	12	A.M.	103 $\frac{3}{4}$ °	
"	7:15	"	99 $\frac{7}{8}$ °	140	"	8:30	"	102°	
"	7:30	"	99°	105	"	10:35	"		160
"	8:45	"	{ Was just sponged off.		"	11:20	"	Res. 40, 101 $\frac{3}{4}$ °	160
"	9:30	"	99 $\frac{4}{5}$ °	104	"	2:40	P.M.		180
"	9:30	"	99 $\frac{3}{4}$ °	116	"	3	"	103 $\frac{3}{4}$ °	162
"	10:30	"	99 $\frac{1}{2}$ °		"	8:20	"	103 $\frac{1}{2}$ °	175
"	11:30	"	100 $\frac{1}{2}$ °		"		"	103 $\frac{3}{4}$ °	164
July 22, 1880,	12:30	A.M.	100 $\frac{3}{4}$ °		"	9:30	"	{ Resp. 40 and 42, child quiet, no twitchings.	
"	1:30	"	100 $\frac{3}{8}$ °	105	July 28, 1880,	5:20	A.M.	{ Five minutes after, 160	
"	2:30	"	100°	132	"	5:45	"	102 $\frac{1}{2}$ °	
"	3	"		110	"	8	"	103 $\frac{1}{4}$ °	160-168
"	4	"	100°		"		"	{ Res. 40-44, child quiet.	
"	5	"	99 $\frac{3}{4}$ °		"	10:45	"	104°	
"	6	"	99 $\frac{1}{2}$ °		"	11:30	"		180
"	7	"	100 $\frac{2}{5}$ °		"	12:20	P.M.	103 $\frac{1}{2}$ °	176
"	8	"	100 $\frac{3}{4}$ °	100	"	2:30	"	104 $\frac{1}{4}$ °	160
"	9:30	"	101 $\frac{3}{4}$ °		"	3:45	"	105 $\frac{1}{8}$ °	
"	11:30	"	100°		"	8:05	"		194
"	1	P.M.	100°		"	8:10	"		180
"	4	"	99 $\frac{1}{2}$ °		"	8:15	"	Res. 52, 104 $\frac{3}{4}$ °	192
"	7	"	99 $\frac{5}{8}$ °		July 29, 1880,	12:05	A.M.		190
"	8	"		104	"	2:15	"		180
"	8:30	"		105	Pulse reached 204 and 206 per minute; respiration reached 64 per minute; temperature, 106 $\frac{3}{4}$ ° to 107°. Child died at 10 P.M. from slow asphyxia.				
"	10	"	101 $\frac{1}{4}$ °						
"	11:30	"	100 $\frac{1}{2}$ °						
July 23, 1880,	12:30	A.M.	100 $\frac{1}{8}$ °						
"	2	"	101°						
"	2:40	"	100°	120					

Let us now consider the treatment of these cases.

All authorities devote many pages to the *causes*, symptomatology, and morbid anatomy of this affection, but a very limited space (in most instances) to the subject of its treatment. All agree that *prophylactic* treatment may be brought to bear upon these cases with the hope of success crowning our efforts in that direction. Bearing directly upon the prevention of these cases are the following expressions of Niemeyer: "Among the exciting causes, premature or excessive mental exertion is blamed most frequently for exciting hydrocephalus in children; this is probably unjust. Children *not predisposed* to it may be mentally stimulated to any extent without inducing hydrocephalus, and the early development of children falling a prey to this disease is *due to their predisposition*, not to their bringing up. This is not the cause of their hydrocephalus. The same is true of the assertion that a blow or fall on the head induces tuberculosis of the meninges and acute hydrocephalus. It is almost always easy to make out that the child has some time or other fallen on its head; but it does not thence follow that this fall is to be regarded as the cause of his disease."

From the moment of birth this prophylactic treatment should begin. If the mother is tuberculous, the child should be raised by a healthy wet-nurse, and when weaned cow's milk should be its dependence for physical support, supplemented by good plain wheat or other bread and potatoes. An abundance of good fresh air is highly essential for all children, but especially for those with a tuberculous tendency; they require more out-of-door recreation, and can not, with impunity, remain confined to the house or school-room, as healthy children can. Where the parents are pecuniarily able, these children should spend the winter months in some southern latitude, to enable them to remain most of the time in the open air, so that no serious croupal or bronchial attacks result.

Should indications of delicacy of constitution show themselves, the subject should at once be put upon the employment of some of the most easily assimilated iron preparations (no febrile feature being present), for this is one of the best known prophylactic medicaments against all tuberculous and scrofulous expressions. Cod-liver oil, malt preparations, compound syrup of the hypophosphites, or syrup of the iodide

of iron should, according to indications, be now and then administered with the object of keeping the general health well established, and thus combat any tendency to *local* demonstration of this serious affection. All causes which produce any hyperemia of the lungs are to be avoided where there exists an inclination to deposit of tuberculous material in these organs; the same rule must hold with equal truth and force, that any cause which produces hyperemia of the brain should be shunned, and one of the chief among these is overmental exertion, as we find practiced in many of our schools. Very frequently this is not only connived at, but insisted upon by the parents of these unfortunately precocious children. Less marked, but nearly as injurious in its result, is the violent arousing of any of the emotions of the mind. Subjecting the patient to any sudden transitions in temperature, by over-exercise and then exposure to direct currents of air, are to be avoided as carefully in these cases as in those where a disposition to tubercular disease of the lungs exists; in a word, every provocation toward hyper-congestion of the brain is to be eschewed. All of the functions should be regularly performed, thereby preventing any hyperemia of the brain substance, the opposite state of anemia being prevented by the methodical supply of nutritious, easily digested food.

Light flannel should be worn next to the skin for warmth; the slight irritation it causes keeps the skin active, thereby lessening the disposition to over blood-supply to these overactive, precocious brains.

Regularity in the habits of life should be insisted upon, eating, physical and mental exercise, and sleeping. During the latter act there is physiologically less arterial blood contained in the brain; therefore allow these patients to sleep sufficiently long, and not, as is often done, keep them up late and arouse them early to enable them to accomplish their—too often for them—herculean mental tasks, besides begrudging them a few hours of the day for out-of-door sports and pastimes. In a word, keep the physical and mental body in such a state of healthy action that it shall at all times possess a degree of life force competent to prevent the introduction of the first spark of disease which may light up the local inflammation in these tuberculous brains.

As to the treatment to be instituted in a case of this disease when you are confident of having made a correct diagnosis, Flint

remarks: "If the diagnosis be positive the encouragement for successful treatment is exceedingly small. It is difficult, of course, to decide upon measures which will be likely to be useful in a disease tending intrinsically like this to a fatal issue, and where in cases of apparent recovery we are obliged to distrust the correctness of the diagnosis." In this statement he is right; but we are to be encouraged by this fact, that we may be in error as to our diagnosis, and may be treating a case of simple meningitis; therefore we are warranted in treating all of these cases as though we believed they were the latter affection, except that no general blood-letting or measures which cause suffering, as blisters, etc. (though possibly frequently repeated cathartics), are to be employed.

As to the treatment, Hammond says: "The principal advice I have to give is, to refrain from blisters, antimonial ointment, leeches, and drastic purgatives, which only tend to shorten life and make the patient's life more intolerable than it is made by the disease. Potash iodide does less harm, but I have never known it to accomplish any good."

Hartshorne's advice is this: "I would not bleed from the arm, but draw blood moderately by cups or leeches; purge freely, but not exhaustively; blister back of neck or head; apply cold with care, and allow liquid nourishment from an early stage."

Fothergill thus states his views: "Before the days of chloral and bromide of potassium, opium in small doses together with full doses of such a vascular depressant as tartar emetic or, may be, venesection, was the plan in vogue, local depletory measures also being practiced. As long as the circulation remains active vascular depressants must form an essential part of the programme. Now chloral would form at least one ingredient of all prescriptions for cerebral hyperemia. In all cases where the cerebral hyperemia *commences in alterations* in the cerebral cells the treatment will comprise two factors, but the agents calculated to allay cerebral excitement take the first position, vascular depressants and purgation being auxiliary and subordinate, but nevertheless not to be neglected."

Niemeyer thus expresses his views: "At the beginning of the disease, especially if headache be severe, apply leeches behind the ears; if they should prove beneficial repeat during subsequent relapses of the inflammation. At the onset use also laxatives and ice compresses." He then men-

tions his treatment by full doses of iodide of potassium. "Hasse," he concludes, "recommends very small doses (one twenty-fourth of a grain) of morphia, even in the early stages."

The views of Meigs and Pepper are succinctly as follows: The only measures, in an experience of twenty-seven years, found to delay or cure in part have been the following: Quiet of body and mind, a nutritious diet, a mustard foot-bath two or three times daily; the bowels should be moved once daily, or every second day by means of enema or a laxative together with a teaspoonful of cod-liver oil in emulsion three times daily. Calomel we have abandoned, it having utterly failed in our hands.

The treatment is to be divided into that applicable to each of the stages of the disease, those remedial agents being used in the first stage which lessen congestion of the head, as also those which decrease the quantity of exudates. Just here you will recall the fact that all authorities advise *cold* applications to the head. Why *cold** applications we would ask? for here an exception is made to the invariable rule in the treatment of all inflammatory affections of the balance of the organs. Do we use *cold* applications to the chest-walls in a pneumonia? do we use *cold* over the region of the bladder in a cystitis? As a rule—to which a very few exceptions should exist—do we use *cold* applications over an acutely inflamed joint? Then why should we not employ water as warm as can be borne, gradually increasing the height of its temperature as the patient becomes inured to it, in all cases of inflammatory affections of the brain? Cold applied, first lessens the caliber of the superficial vessels of the scalp, and, if continued, those also of the superficies of the brain, causing a retrocession of the blood to the more deeply situated parts, thereby, temporarily at least, increasing the very condition we are aiming to obviate. Upon removal of cold from the exterior reaction *slowly* occurs, the superficial vessels gradually enlarging beyond their normal size, and thus remaining *only for a short time*; on the other hand, *immediately* upon the application of *moist heat* to a part the superficial vessels dilate, and if they be continued those more profoundly situated are similarly affected, thereby at once relieving both the arterial and venous congestion. This dilated condition

*This idea of the unphysiological use of *cold* applications to head in cerebral diseases was suggested to me at a consultation over this case by my revered friend, Dr. Hewitt.

continues and increases as far as is practicable so long as the hot applications are being made. Who has not experienced this during the enjoyment of a congestive headache?

A second means we possess for reducing this congestion, or for lessening nervous irritability, is the bromide of potassium through its physiological action of causing a contraction of the vessels of the brain and of other organs. The abstraction of blood by means of leeches is of doubtful utility, at least in the majority of cases. Purgation certainly relieves head congestion, but is to be employed with great care; it is also believed to reduce the amount of serous exudation.

With the above-mentioned measures should be combined perfect quietude of body and mind, the exclusion of light, elevation of the patient's head, and frequent foot-baths (warm), and continuous warmth to the feet while the child is in bed. The food should, during this stage, be of the blandest character, nutritious, fluid, and easy of assimilation.

The object of treatment of the *second* stage should be to establish and expedite the absorption of the inflammatory products. Here the iodide of potassium—first recommended by Roeser—is believed to play an important part. It should be given in full doses, and this amount increased, continuing its use for a long time. In Niemeyer's cases, where recovery took place, "there was a very extensive iodine eruption and an iodine catarrh of the nose;" while in those cases which were lost these signs of iodism were absent. We can not indorse the employment of blisters or blistering solutions to the nucha, or shaved scalp, having seen no good result from their use, but some harm, as we have thought—an increase of the convulsive or nervous symptoms.

Having fears now of death from asthenia, we do well to support the flagging energies by the administration of nutritious fluids, and even stimulants diluted.

We are convinced of having seen the convulsions materially mitigated in severity and duration by the regular administration of bromide of potas., *pro re nata*. Some advise for the convulsions, when violent, the use of the warm bath; but when we recall the fact that first removing the child's clothing, then placing it in the bath, then removing it from the bath and reclothing, subjects it to at least three changes of temperature, together with our having yet to

witness any of its good effects, but probably evil results, we can not indorse their employment in these cases under these circumstances; but prefer to rely upon antispasmodics—valerian, chloral hydrate, or bromide of potas.—giving the preference, from experience, to the latter. In case these fail, I give chloroform by inhalation.

In conclusion, let us state, our art promises very little in these developed cases; our entire strength—if strength there be—lies in the direction of prophylaxis.

LOUISVILLE, KY.

Miscellany.

CHOLERA PROPHYLAXIS.—In connection with the Sanitary Survey of the State and the House-to-House Inspection now being prosecuted under direction of the Illinois State Board of Health with reference to the probable appearance of Asiatic cholera in this country, the Board has just issued circular-letter No. 6, addressed to county clerks, and requesting that the work of getting the public institutions into good sanitary condition be completed with as little delay as possible. Much work of this character was done during the past summer and fall, in response to the circular letter of the Board issued in July last. But, in addition to what remained to be done when cold weather suspended operations there must have accrued, in many cases, accumulations of filth and refuse which should now be promptly removed; defects in plumbing, drainage, and sewerage disclosed during the winter should be repaired; and the effects of the occupancy of dormitories, workshops, wards, cells, and other apartments should be remedied by a thorough spring cleansing.

The officers in charge of almshouses, jails, and all other public buildings under control of the County Board are notified to commence this work at once. Very much that requires to be done—scrubbing, whitewashing, the removal of garbage and refuse, the emptying and disinfection of vaults and cesspools, the opening up and cleaning out of drains, sewers, and ditches, can be performed by the employes and inmates of the institutions.

Especial attention should be given to the location and condition of privies and water-closets at these places, as also at court-houses, and elsewhere. Vaults should be

emptied before warm weather makes such work dangerous, and then be thoroughly disinfected with sulphate of iron (copperas). Where these vaults are within fifty feet of any source of water-supply—well, spring, pond, lake or running stream—their further use should be abandoned, and after being emptied they should be disinfected and filled up with clean, dry earth—one of the best disinfectants. The new vault should not be less than fifty feet from the nearest water-supply; should be water-tight; ventilated by a four-inch shaft, opening above the roof; the contents should be kept inoffensive by the use of some cheap disinfectant; and the building and its surroundings should be kept in the cleanest attainable condition. Where practicable the substitution of the earth-closet system for the subterranean vault storage is recommended. In either case the frequent removal of the contents and their safe disposal by use as fertilizers are necessary sanitary measures.

The source of the water-supply, and its storage and distribution should be carefully inquired into, and all possible causes of pollution should be removed. A pure water-supply is of the first importance to health under all circumstances; but among numbers of persons living under the conditions which obtain in county institutions, its importance is increased. Epidemics of diarrhea and dysentery may be caused by impure water; while Asiatic cholera and typhoid fever are spread more commonly through the water-supply than in any other way.

These remarks and suggestions will indicate the character of the work which the Board considers it desirable should be accomplished before warm weather sets in, not alone through fear of cholera, but in the interest of public health, and consequently of true economy.

A similar circular was recently issued to railroad managers, setting forth that the spread of Asiatic cholera is due oftener to the pollution of the water-supply than to any other one cause. There is no commoner mode of such pollution than through foul, badly-constructed, and improperly-located privies and water closets. The disease in this country being always due to importation, and its spread being most commonly by persons traveling from place to place, it follows that railway privies and water-closets are especially exposed to the danger of cholera-infection. In view of

these facts it is requested that all such places in connection with stations, freight-houses, shops and round-houses be at once inspected and put in good sanitary condition.

Responses have been received from nearly all the roads, and one of the most important lines has already completed the work indicated along the entire extent of its road.

AMERICAN SURGICAL ASSOCIATION.—The meeting of the Association will be held in the Army Medical Museum, Washington, April 21, 22, 23, and 24, 1885. The following papers will be presented:

The Field and Limitation of the Operative Surgery of the Human Brain, by John B. Roberts, M. D., Philadelphia. Synopsis: (1) In cranial fracture. (2) In intracranial hemorrhage. (3) In intra-cranial suppuration. (4) In insanity. (5) In epilepsy. (6) In cerebral tumor. The discussion of the paper will be opened by Fellows Hunter McGuire, Moses Gunn, J. C. Hutchison, and D. W. Yandell.

An Experimental and Clinical Study of Air Embolism, by N. Senn, M. D., Milwaukee, Wis. Fellows J. Collins Warren, C. B. Nancrede, W. H. Pancoast, and Christian Fenger will open the discussion of the paper.

Nephrectomy: Its Indications and Contra-indications, by Samuel W. Gross, M. D., Philadelphia. Fellows L. McLane Tiffany, Christopher Johnson, A. Vanderveer, and D. W. Yandell will lead in the discussion of the paper.

Nephrolithotomy, by L. McLane Tiffany, M. D., Baltimore. Fellows S. W. Gross, J. W. S. Gouley, T. A. McGraw, and P. S. Conner will lead in the discussion.

The Healing of Arteries in Man and Animals after Ligature, by J. Collins Warren, M. D. Fellows N. Senn, F. S. Dennis, Moses Gunn, and Stephen Smith will lead the discussion.

The Immediate Cure of Fistula in Ano, by Stephen Smith, M. D., New York. The discussion will be opened by Fellows John H. Brinton, David Prince, N. P. Dandridge, and Alan P. Smith.

Etiology of Tetanus, by P. S. Conner, M. D., Cincinnati. The discussion will be opened by Fellows T. G. Morton, W. S. Tremaine, J. H. Packard, and R. B. Bontecou.

A Case of Cholecystotomy, by T. C. Parkes, M. D., Chicago. Report of case, and general consideration of subject. Dis-

cussion by Fellows Donald Maclean, J. Ewing Mears, and E. H. Gregory.

Some Points in the Surgery of the Hypertrophied Prostate, by J. W. S. Gouley, M. D., New York. To lead in the discussion, Fellows S. W. Gross, Hunter McGuire, T. F. Prewitt, and J. W. White.

Prophorus Necrosis: Its Causes, Treatment, and Prevention, with Reports of Cases, by J. Ewing Mears, M. D., Philadelphia. Discussion by Fellows L. A. Sayre, R. A. Kinloch, and James McCann.

For the information of fellows who desire to attend the American Medical Association, at New Orleans, the following facts are given: the last day of the session of the Surgical Association is April 24th; the first day of the Medical Association is April 28th.

Through routes to New Orleans from Washington, by Cincinnati, Louisville, and Nashville: round trip, \$37.50. By Lynchburg going, Cincinnati returning, \$48.00; limit of tickets, fifteen days; five days' limit of return allowed; ticket must be stamped by agent at New Orleans.

In relation to chartering a hotel or sleeping car for the round trip, the following memorandum has been received from the Pullman Company. Rate for a hotel car is \$65.00 per day for the entire time the car is absent, and for a sleeping car \$50.00 per day, allowing a drawback, if the cars are lying over unoccupied, of \$30.00 for hotel, and \$25.00 for sleeping car. We would be willing to furnish the commissary at the original cost with ten per cent added to the original bills for handling it. We would supply conductor, cook, and sufficient waiters to handle the business. There would be no further expense so far as this company (Pullman) is concerned, if the party go and return by the same route; but if they go via Danville, and return via Wilmington, or *vice versa*, they would have to pay the freight charges on the trucks between these points in both directions. A sleeping car, or hotel car, will hold twenty-eight persons. If the members of the Association desire to make up a special party, and to have a car to themselves, they should notify Surg. John S. Billings, Committee of Arrangements, Washington, as soon as possible, as such an arrangement must be made not later than April 15th.

Dr. Billings will secure hotel accommodations for members who write to him for that purpose.

The approaching meeting promises to be exceptionally interesting.

THE St. Louis Courier of Medicine states that, at a recent meeting of the Medico-Chirurgical Society of that city, Dr. Todd gave the history of a case of congenital papillomata of the larynx. The child was ten and a half years of age. With the laryngoscope a tumor was seen filling up the larynx. A tracheotomy was performed, and later on the larynx was opened and found to contain a number of papillomatous growths.

THE ASSOCIATION OF AMERICAN MEDICAL EDITORS will hold its Annual Meeting in New Orleans on the evening before the day of meeting of the American Medical Association. The officers are as follows: Dr. H. O. Marcy, Boston, President; Dr. J. V. Shoemaker, Philadelphia, Vice-President; Dr. H. O. Walker, Detroit, Secretary.

AN American and an Englishman were once having a heated discussion as to the relative sizes of the Thames and the Mississippi. The American finally clinched the argument thus: "Look here, mister, why there ain't enough water in *the whole* of the Thames to make a gargle for *the mouth* of the Mississippi!"

It is stated that alum dissolved in glycerine by aid of gentle heat, one part alum to five parts glycerine, makes a powerful local astringent. It is very useful in chronic pharyngitis, and when diluted with water forms a serviceable gargle.

THE Mississippi Valley Medical Monthly, quoting Dr. Taylor, says that a small stream of water poured from a considerable height on the scrotum will cure any case of simple congenital hydrocele.

DR. FRANK WOODBURY, the editor of the Philadelphia Medical Times, has recently been called to the Professorship of Materia Medica and Therapeutics in the Medico-Chirurgical College, of Philadelphia.

THE Fifty Second Annual Meeting of the Medical Society of the State of Tennessee will be held at Nashville, commencing on Tuesday, April 14th, and continuing three days.

FOR bronchial catarrh, DaCosta recommends the following: Ammonium chloride, ten grains; chloroform, five drops; mist. glycyrrhizæ comp., one dram.

The Louisville Medical News.

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H. A. COTTELL, M. D., - - - - - Editor.
J. MORRISON RAY, M. D., - - Assistant Editor.

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EVISCERATION INSTEAD OF ENUCLEATION.

Death as a consequence of enucleation of the eyeball is unquestionably rare, but the possibility of a fatal result, taken with the adverse teachings of the late Prof. von Graefe, of Berlin, has led many surgeons to hold this operative procedure as contra-indicated during the stage of panophthalmitis. Von Graefe showed that consecutive meningitis did sometimes follow in the wake of the operation, and held that the danger of this complication was sufficient to render it unjustifiable.

But while the dictum of this great master can not be lightly set aside, it is nevertheless true that enucleation has been performed many thousands of times, and that very few deaths indeed are chargeable to its account.

In rare instances only is the eye removed with a view to prolonging life. Cosmetic effect and the prevention of sympathetic inflammation are the usual incentives to surgical interference, and since the first though often desirable can justify no risk of life, and the second is frequently the only alternative of total blindness, the surgeon will

contemplate with satisfaction any improvement or device which may divest this operative procedure of its only serious complication.

Prof. Alfred Graefe, of Halle, has recently advocated in lieu of enucleation the removal of the cornea and ciliary region with evisceration of the contents of the scleral cup. He says that in two cases of fatal meningitis following enucleation he could find no disease of the optic nerve; but the pia mater was infiltrated around the optic foramen. He therefore assumed that the inflammatory process had been propagated by way of the intravaginal space. In the American Journal of Ophthalmology, for January, a description of the operation as performed by Prof. Graefe is given by Dr. Fiske, one of the assistants at the ophthalmological clinic. The advantages claimed for the procedure are as follows: (1) There is no wounding of any tissue serving to connect the orbit with the cranium, and especially of the lymph sheath of the optic nerve, a ready avenue, it is claimed, for the extension of inflammation from the surgeon's cut to the cerebral meninges. (2) The stump obtained is far superior to that of the enucleated eye, since it will afford the artificial eye which is to be placed upon it a better socket and a greater extent of motion.

Another count in favor of evisceration is that it takes away bodily the ciliary region, which is claimed to be the starting point of sympathetic inflammation.

A similar operation has been performed by Dr. Mules, and described by him before the Ophthalmological Society of the United Kingdom.

Dr. Mules removes the anterior portion of the eye, and thoroughly empties the contents of the globe, leaving only the sclera. Into the cup thus formed he fits a small glass globe, and with a fine suture brings the edges of the wound together, by which means the globe is inclosed in the sclera. The operation must be done under strict antiseptic precautions, since if much inflammatory

reaction should follow the globe would have to be removed.

The operation as described by Prof. Graefe is not new. It has been often performed in cases of panophthalmitis for the purpose of relieving tension and hastening the stage of repair, but its introduction as a substitute for enucleation in forestalling sympathetic inflammation, etc., is of recent date.

AMERICAN MEDICAL ASSOCIATION— RAILROAD FACILITIES.

Physicians of Louisville and vicinity who expect to attend the American Medical Association, which meets in New Orleans, April 28th, 29th, 30th, and May 1st, can secure tickets over the Louisville & Nashville Railroad at the following rates: Excursion tickets (round trip), good for forty days, \$21; the same good for fifteen days, net rate, \$16.15; from other points along the line at correspondingly low rates.

Stop-over privileges will be granted at such points as may be desired by the holder *en route* to New Orleans. The stops shall not exceed six, and must be made within a period of ten days from the date of leaving the initial point on this line.

Pullman Buffet Sleepers go with each train, and run through without change. Rates between Louisville and New Orleans, double berth, \$5; section, \$10.

Two through trains leave Louisville daily (depot corner of Tenth and Maple), one at 12:15 o'clock P. M., and the other at 1 o'clock A. M.

If a sufficient number of delegates and visitors from the city, vicinity, and points in Kentucky along the line, are going to make the trip, it would, probably, be a matter of economy, comfort, and good cheer for them to club and charter a sleeping-car, which would serve them not only for passage along the line, but also as a sleeping place during their stay in New Orleans. A sleeper accommodating from thirty to forty occupants may be secured at \$50 per day.

This, for a round trip of fifteen days' duration, will cost each passenger just \$25, or \$1.66 $\frac{2}{3}$ a day; rations extra.

If in the contemplation of this scheme, any doctor, whose thoughts tend southward, should find it to hold a balance upon the economical side, as compared with probable hotel rates, we shall be glad to hear from him during the next ten days.

Should as many as thirty physicians respond, we shall be pleased, in a future issue, to refer each inquirer to some railroad or medical society official who may be trusted to carry the scheme to a satisfactory issue. More than this we can not undertake, though the *News* will give the project all due encouragement and support.

Bibliography.

The Universal Benefactor. A journal published in the interest of the American Society for the Prevention of Adulteration of Food. H. B. Amerling, Editor. Vol. 1, No. 1. Philadelphia, Pa., March, 1885.

As will be seen by the title this journal is a protest against a great and ever-growing evil. It is bold, fair, and earnest in its utterances, and is of itself deserving of a liberal support. Let every true philanthropist help to hold it up, for if it lives it will be in spite of some of the most wealthy, influential, and corrupt business interests in the land.

New York Medical Abstract. A monthly Journal of Foreign Literature. Vol. v, No. 2, February, 1885.

Does Tobacco Produce Amblyopia? By W. Franklin Coleman, M. D., M. R. C. S., England; Baltimore, Md., Professor of Diseases of the Eye and Ear in Baltimore Polyclinic and Post-Graduate Medical School, etc. Reprint from Maryland Medical Journal, March 14th, 1885.

Remarks on Typhoid Fever in the Young. By A. Jacobi, M. D., Clinical Professor of Diseases of Children in the College of Physicians and Surgeons, New York. Reprinted from the "Archives of Pediatrics," March, 1885. Philadelphia: John E. Potter & Co. 1885.

Correspondence.

LONDON LETTER.

[FROM OUR SPECIAL CORRESPONDENT.]

Mr. James Cantlie, F. R. C. S., delivered an address at the Parkes Museum of Hygiene on Degeneration among Londoners. Dr. Crawford, Director-General of the Army Medical Staff, presided. The lecturer first defined London, hygienically considered, to be a region where there was no ozone; sun-burning was unknown; and as a place where beneficial exercise—that is, exercise in the fresh air—was impossible. A Londoner was one whose father and mother were born, brought up, and lived in the area he had defined, and who, himself or herself, was brought up and lived in London, and whose only notion of a relaxation was a run to the country or the sea-side on a bank holiday. It was well-nigh impossible to find a third, and absolutely impossible to find a fourth generation of pure Londoners; the progeny ceased, partly from moral and partly from physical decline and inability of continuance. The pure Londoner of the third generation which he had been able, after much search and inquiry, to get hold of, was a picture of physical decline, involving shortness of stature, narrow chest, deformity of jaws, miserable appearance (squint prevailing), scrofulous diseases, and small head. Pure Londoners were seldom to be found in workhouses, because they died young; and from the fact of their being young, they were able to “light porter,” sell papers, and by some such shiftless means earn a livelihood.

Entering at length into the effect of too little exercise—beneficial exercise—upon children, youths, adults, families, nations, and races, the lecturer foretold evil to the townsfolk of to-day if measures were not taken to provide means of exercise in fresh air. Artificial exercise of a proper kind would produce a good type of individual. The Spitalfields weavers, an indigenous and temperate people, were yet a puny, ill-developed, stumpy race. But look at the royal families of Europe. They did no work; yet, as a rule, they could hold their own with the stoutest peasant. The explanation was that they took that artificial exercise which would compensate for any amount of indoor work, or high feeding. People nowadays seemed to have lost all their individuality. It was a serious question

whether the welfare of this country should, in the next generation, be left to a race out of whom all enthusiasm and earnestness had passed.

A vigorous attempt has been made during the month at Oxford to defeat the objects for which the new Physiological Laboratory has been erected. It was necessary that a sum of £500 annually for three years should be granted to defray the working expenses of the laboratory, and many members of the convocation appeared for the purpose of opposing the grant. The professor does not propose to illustrate his lectures by experiments on living animals. This, indeed, he has no legal power to do; but, if he possessed the power, he would not wish to make use of it. All that he claims is the right to practice vivisection in his private researches; and it was to deprive him of the opportunity of exercising this right at Oxford that the anti-vivisectionists mustered their forces. Fortunately there was a large majority on the other side, so that for some time, at least, the University of Oxford will be able to take its proper place beside the great European universities in the study of physiology. There can be little doubt that the question will be raised again when the time comes for the renewal of the grant, but it may be hoped that the anti-vivisection movement will be less powerful then than it is now. Every one respects the motives of the anti-vivisectionists, but they have too easily persuaded themselves that they alone understand the duty of man toward the lower animals. Physiologists are as unwilling as Canon Liddon to inflict pain unnecessarily. Their ultimate object is the benefit of mankind, and it is mere dogmatism to assert off-hand that the experiments which they believe to be essential must be condemned by every person of enlightened moral judgment.

An inspection of the Volunteer Ambulance Corps, which is clothed and drilled in the same way as the Hospital Ambulance Corps, and which has volunteered for active service, took place a few days ago at the Wellington Barracks before Sir Guyer Hunter, the Surgeon-General. The officer in command was Surgeon Cantlie. About three hundred and twenty men were on parade, in six companies. There are about five hundred men in the corps. The larger number of them are medical students. They went through the stretcher drill in a most satisfactory manner, and in a few weeks will be quite perfect.

The leading physician at Aix-les-Bains and the superintendent of the bath establishment there have been over in England during the last fortnight, and have been to Windsor to confer with Sir William Jenner and Dr. Reid as to the course of treatment which the Queen and Princess will adopt upon their approaching visit to that town.

At the Pathological Society Dr. Samuel West showed a specimen of aneurism of the splenic artery which occurred in a man aged fifty six, who died from hematemesis. Fourteen years previously he had suffered from a severe attack. About Christmas, 1884, and subsequently, he had been drinking heavily, and suffered from diarrhea. On January 21st he passed a large quantity of blood by the bowel, and on the following day, when in the hospital, a tarry motion. The only diseased condition, on physical examination, was an enlargement of the liver. On January 28th he suddenly vomited a pint of bright blood, and died in a short time. The stomach contained two pints of bright blood at the necropsy. There was an ulcer on the lesser curvature; its base and edges were thickened. A small aneurism projected through the base of this ulcer, and from this the hemorrhage had proceeded. The mucous membrane was otherwise healthy, except that at two places there appeared to be scars of two superficial ulcers. The liver and kidneys were cirrhotic. Aneurism in the floor of a gastric ulcer appeared to be a rare condition, as only two other cases had been recorded in the transactions of the Society. A point of some importance was the fact that great pain preceded the hemorrhage. A gentleman present at the meeting gave interesting details of a similar case he had examined last autumn, which closely corresponded with the case described by Dr. West. A large ulcer, three inches in diameter, was found in the stomach. The pancreas formed part of the floor of this ulcer, and in the middle was an aneurism of the splenic artery about the size of a pea. This had been ruptured, and had given rise to the fatal hemorrhage.

At the annual meeting of the Homes for Inebriates Association the Earl of Shaftesbury was elected president, and Dr. Norman Kerr honorable secretary. In the Dalrymple Home there had been 49 admissions, and of those discharged 50 per cent were doing well, and 25 per cent more improved. The majority had been admitted under the provisions of the Habitual Drunkards Act,

nine having entered for twelve months each.

The special committee appointed to ascertain what steps could be taken for the prevention of blindness from ophthalmia neonatorum, having considered a letter of the Registrar-General to the Local Government Board, submitted to the Secretary the following report: "That as, in the opinion of the Registrar-General, the reading over of a printed form by the Registrar of Births to the parents would entail considerable expense, this may be dispensed with, and that in place of this reading the following notice be printed on all official documents issued to parents in relation to the birth-registration and vaccination of children, namely: If the eyelids become red and swollen or run with matter within a few days after birth, the child is to be taken, without a day's delay, to a medical man." The disease is very dangerous, and if not at once treated may destroy the sight of both eyes.

Dr. Burney Yeo will read a paper at the Medical Society on Some Points on the Etiology of Phthisis.

LONDON, March, 1885.

Pharmaceutical.

Conducted by Simon Flexner, Ph. G.

ANTIPYRIN.—This new drug is described as follows: It is in colorless, columnar crystals, or oftener in a voluminous crystalline powder, of a white or sometimes of a slight reddish color, due to the presence of traces of iron. It is odorless, has a slight bitter taste, and melts at 110° to 130° C. It is very soluble in water, more so in boiling water, and dissolves easily in alcohol or chloroform. With persalts of iron its aqueous solution is colored red.

EXTRACT OF PISCIDIA.—Further trial of this preparation as a hypnotic has confirmed the report previously made in its favor. It would appear that in doses of six grains its action is quite prompt, and is unattended by any unpleasant symptoms.

VALOID OF COCA.—The Lancet speaks as follows of this new preparation of coca: The introduction of a new and reliable preparation of coca will be hailed with satisfaction. The valoid is made from the fresh leaves of the coca plant, each dram

representing the weight of crude drug, including the whole of the alkaloidal and other principles. It has been extensively employed of late, and curiously enough is found to exert a double physiological action. In small doses it acts as a sedative, promoting sleep; while in large quantities, such as three or four drams, it stimulates the nervous system and induces an increased capacity for mental exertion. It has been used with much success in sleeplessness arising from overwork, worry, and anxiety, and also in treatment of impotence, spermatorrhea, and a number of allied diseases. It has no tonic action.

Selections.

THE HYGIENE OF THE MOUTH IN THE NEW-BORN.—Epstein (*Arch. f. Kinderheilk.*) says that certain affections of the mouth peculiar to the earliest period of life can in most cases be avoided with proper care. They are simple erythema, catarrhal stomatitis, circumscribed necrosis of the edges of the palate, similar changes at other points in the oral mucous membrane, and thrush. In all of these diseases there is a catarrh of the mucous membrane, and they may be considered, in general, as stomatitis. The catarrh may be caused by the irritating action of the air, food, the act of swallowing, etc., upon a very sensitive surface. It may be simply a local phenomenon, a symptom of an affection which involves the entire intestinal tract, or an accompaniment of a general disease. With it may be associated a softening and destruction of the epithelium upon the postero-lateral portions of the hard palate, and this may develop into infiltration and necrosis of the mucous membrane throughout its entire thickness, in larger or smaller *aphthous* patches. Less frequently, the other portions of the hard palate, the soft palate, and the central portion of the dorsal surface of the tongue are affected. This disease may be without bad result, or it may lead to serious trouble of the entire organism. Pain and interference with sucking quickly tell upon a new-born infant, and there may result dyspepsia, gastro-enteritis, inflammation of the salivary glands and their ducts, nasal catarrh of a muco-purulent character, purulent inflammation of the middle ear, bronchitis, or lobular pneumonia. Locally, there may be ulceration or gangrene of the mucous

membrane at various points, and this may be complicated by the formation of abscesses in the alveolar borders or on the floor of the mouth, deep ulcerations in the frenum of the tongue, purulent glossitis, retro-pharyngeal abscesses, and erysipelas. One of the most frequent causes of stomatitis is the mechanical irritation caused by habitual washing of a child's mouth, after each nursing, to remove the milk which has adhered to the mucous membrane. The epithelium is thus rubbed away from the mucous membrane, and hemorrhage is excited in some cases. The true treatment of children with reference to troubles of this character is the prophylactic—abstaining from interference with the mouth until there is very good cause for attention. The success of this non-interfering plan was amply proved by the author in the Foundling Hospital at Prague, in which those infants which were brought in from Breisky's clinic suffered scarcely at all from affections of the mouth, while among those which were brought in from the city at large, almost all were affected.—*New York Medical Journal*.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department of the United States Army, from March 29, 1885, to April 4, 1885:

Hall, Wm. R., Capt. and Asst. Surgeon granted leave of absence for one month and fifteen days, to take effect when his services can be spared. (S. O. 70, A. G. O. March 27, 1885.) *Gardiner, Jno. de B. W.*, Capt. and Asst. Surgeon ordered for temporary duty at Fort McHenry, Md. (S. O. 64, Dp. East, March 28, 1885.)

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service for the week ended March 28, 1885.

Battle, K. P., Assistant Surgeon, to proceed to Memphis, Tenn., for temporary duty, March 27, 1885.

OFFICIAL LIST of Changes in the Stations and Duties of Medical Officers of the United States Marine Hospital Service for the week ended April 4, 1885.

Murray, R. D., Surgeon, granted leave of absence for one week, March 31, 1885. *Bratton, W. D.*, Assistant Surgeon, to proceed to New York, N. Y., for temporary duty, April 2, 1885. *Watkins, R. B.*, Assistant Surgeon, to proceed to New Orleans, La., for temporary duty, April 2, 1885.

The following candidates having passed the examination required by the Regulations were appointed Assistant Surgeons by the Secretary of the Treasury, April 1, 1885, viz., *William D. Bratton*, M.D., of South Carolina, and *Ralph B. Watkins*, M.D., of Connecticut.

THE
LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, APRIL 18, 1885.

Original.

NOTES ON THE GENESIS OF MALARIA.

A Study in Three Parts.

BY WILLARD HENRY MORSE, M. D.

PART I.

As the result of eight years of investigation of the subject, it gives me pleasure at this time to present to the readers of the NEWS some notes on malaria as it appears to a physician who has found its revelations at the bedside, in the laboratory, and in many a marsh and meadow. The more pleasurably do I do this, because that my earliest study of the matter was made under the inspiration and at the instance of that noble man, the lamented Dr. Cowling, of the NEWS.

"Nothing new," says a recent writer, "can be said of that which is of universal acquaintance." Taking exceptions to this, it is but necessary to urge the universality of our knowledge of malaria. Widely known as the great bug-bear of medicine, few *materies morbi* have claimed a like individuality of importance, or more prominence of gift. Not only does the universal and deadly presence of the factor render it of importance, but it has figured conspicuously in history. Men like Augustus Cæsar, James the First, Cromwell, and Lord Byron, have died of malarial fever, and many others equally as well known. In military enterprises—like the expedition against Carthage in 1741, the Walcheron expedition in 1810, the Cyprus occupation of six years ago, the French invasion of Tunis in 1881, and our Mexican war—malaria has worked sad havoc and frustrated fine military plans. In building our railways and canals, beyond Omaha, and again at Darien and Suez, malaria has interfered. Where mines

are opened, or prairies are plowed, there is seen the dreaded fever. Where other sickness comes there crowds in the touch of the ill influence. Where health and hope and ambition make all they can for human happiness, there always waits the mysterious power that looks for a foothold where it can cause pain.

Is it any wonder then, that, under these and many other circumstances, the scientist is studying the question of malaria as one vital to the universal interest? Is it strange in such light that medical men consider malaria as important, and give it their best thoughts? Is it not always best to risk a study of that which science, medical or other, is making an object of profound research. But a vital matter that concerns the world is not to be hidden where the laboratory only deals with it. Every human being has a live interest in knowing all that can be known of a leading cause of misery and death, and it is therefore without apology that we propose to answer the question, "What is Malaria?"

Just now it is especially difficult to get at a ready answer, or one that the unscientific reader can comprehend. This is because of a recent schism of thought among investigators. For some length of time science has believed in the existence of the malarial germ. It has made it an object of the most profound research, and has sworn by it as a thing of certainty. But a little while ago a German observer expressed it as his belief that there was no such thing as a malarial germ, until now there are doubting ones on every side who are convinced that the germ is a myth. Nevertheless, the present aspect of the question may suggest a mean between the differences after it is opened.

Little difficulties of definition are sometimes provoking. The etymology of the word "malaria" is quite of this character. It is as meaningless a word as was ever

compounded, inasmuch as it lacks one atom of signification. Dr. Macculloch, in 1827, wanted a name for the marsh miasm, and it pleased him to stir up the colloquialisms of Latin and Italian, to coin the word that he derived from *mala* "bad," and *aria* "air." Of course no revelation of the thing signified is gained by the name, that simply means "bad or impure air." The true Italian appellative, *aria cattiva*, is infinitely more proper than this dwarfed attempt at a synonym which we so affectionately pronounce. "Malaria" hides nothing, reveals nothing. We gain no principle of the thing signified when we look at the name, and yet it is the constituent on which all definition depends. Its simplicity of construction is not without its revelation, for the popular theory means little more than the shadow of the word's etymology. This we may receive as the sum of the hypothesis; but, laying all stress on "bad air," there yet remains the unanswered question. All that needs be said, is that the air which we call malaria is said to be air polluted by emanated matter of vegetable origin. This may be written as a fact of theory, and beyond it all is chaotic. There is a substance to the theory which is held as the truth, and which reads that a certain unknown condition of matter, acted on by a certain unknown agency, results in the production of organisms which pollute.

So far the worth of the accepted truth has the merit of reading well, but fallacy, creeping in incidentally as the outcome of research, has broken down one portion of this ingeniously devised truism. Recent experience shows that the question which we have asked will admit of a duplex answer. The time is out of keeping; and why? Simply because it has followed the lead and listened to the teachings of theorists who have introduced and kept in vogue a mode of belief that is wholly antagonistic to the demonstrated fact. The world has been only one half discovered. No less important than this inquiry into the place and condition of the origin of the pollutions which make malarious the air, is that which tells of the specific nature of these pollutions. Time in the worth of theory has written that these pollutions or poisons are germs—or as is more commonly said, noxious germs. The scape-goat in the old Hebraic dispensation was burdened with a load of Jewish sins that were lost in the wilderness. Happily would it be if the "germ theory" was fated to carry the errors that it

bears to some remote wilderness afar from the haunts of man. But something that is almost diametrically opposite is the case. The idea that obtains is that "what Cæsar carries is carried safely;" and any thought, however absurd, that can be carried on the back of the germ theory safely reaches the desired haven, which haven is not by any means of the nature of a wilderness, but rather a firmly established lodgment in the domains of science. According to the new gospel the germ theory is the phenomenon of science. Here and there on every side (here unexpected, and there long sought) the hypothesis is found. On it is laid the irrepressible conflict between the accepted theologies and the spirit of research. To it yield the traditions of a faith dearer to true science than all of the advances of knowledge known to cherished aspiration or to the sentiments of mental perpetuity. Great indeed is the germ theory, the goddess of medical science! We are witness to the apotheosis of germs. Every child who dares to claim the honored name of scientist finds them in every clod, in every zephyr, in every dew-drop. All means are put forth to their discovery. The microscope is prostituted to this search; in the scales the thing is weighed; in the refining cup it is tried. The mind of medical science makes germs its chief thought, and without germs it is probable that science would lose that which might be termed its religion.

Is it strange, in the face of these facts, that it should have been thought, and the thought have been accepted as very truth, that the peculiar poison that emanates from certain conditions of soil and water should have been esteemed as germs? We are not only schooled to put faith in germs, but, as has just been said, we are in the habit of looking for them every where. It was originally said, and is said to-day, that the whole universe of germs is put to shame if it is not made responsible for every individual object of existence. And not only is the germ world put to fault, but every germ in its own organism and in its independent relation is held to account. One germ may not be more valuable than is another, and yet we are in want of a thought which shall pronounce the world of germs purely and indivisibly republican. Indeed, the original feeling seems to have been that if some germ or other was not made equal to the task of being causative of the creation of malaria, the germ theory, and science

indirectly, would suffer shame and ignominy. Of course such an idea tends to repress self-assertion and to make one content with accepting quietly his little share of life and action. But it is not the brilliant presence of scientific discovery. We sit to-day in the worn seat of our fathers, and believe fondly that out of some strange and mysterious condition of vegetable matter, acted on by an equally unknown and foreign factor, arise germs that taint the air that we breathe, and so tainting procreate that which we call malaria. I say that we believe this; more than believing upon such a basis, we make it an article of our scientific creed on which we pin all that is dearest in our faith. The germ theory, the modern Circe, has beguiled the student of malaria from his voyage to the Hesperides, and transforms him into her voiceless devotee. This is of the nature of a confession, and yet we find very few who so confess.

It has been said that every child is a natural Ptolemaist who must be educated to the Copernician system; so every child in science is naturally a believer in the theory of germs, and only the hardest of hard study can educate him from that belief. But is such a change necessary? Is such a heresy profitable? A creed that can not undergo the most extreme test, and that is weak in any part, is not one in which to seek repose. The outer territories of the germ theory are ill-defended, and hence skepticism unfriendly to its weakness arises. I do not have aught against the germ theory, but I do blame it for the evidences that it shows of having misplaced its alliances. Great is the germ theory, and grand is that honor which is due to it! The subject as studied is not only interesting, but as well it is entrancing. What can be more pleasing to the student than to engage in its consideration? But the germ theory of disease, beautiful though it is, is not infallible, and loses much ere it can be called perfect. This is the heresy of the connection.

Perhaps the best definition of a germ that has ever been given is that of Beale, so familiar to us all. This authority says: "A germ is a living particle which has been detached from already-existing living matter." The statement of the case follows readily. The study of the mode by which the influence of such particles cause diseases constitutes the germ theory of disease. The natural inference is that such germs are noxious by nature, and that, entering into the system, by fermentative effort, they cause

disease. This is all very well, and I do not say but what this is all very true. But we are to look further. Leaving alone that which is general in its essence, it is advisable that we consider the special subject to which our attention is directed. The germ theory has broadened until it covers imperfectly too much ground. As we have seen, the hypothesis of malaria is related to it, and yet the relation is not firm. Paradoxical as it may seem, this relationship is not legitimate, and moreover by its illegitimacy it throws a new and a changing light on the great theory to which it belongs. Malaria, or *aria mala*, is never used in Italy, where the principle is called *aria cattiva*; and the Italian school of thinkers, led by the great Tomaso Crudelli, are fighting the germ business as they whilom fought Macculloch's new word.

It is interesting, and seems to me quite proper, to pause for the moment to see how Italy answers our question, inasmuch as that State furnishes us with one of the most notoriously deadly of malarious sections—the *Campagna di Roma*. While we need not go to the Indian hot-bed of cholera to study it, or to Havana to see yellow fever as it is, yet we would like to see both places, and talk with the resident medical gentlemen on the subject of the two disorders. All of us who take any interest in Roman antiquities have them associated in our minds with the mysterious and insidious fevers of Rome and its vicinity. Therefore it is that I think we would be pleased to know that the studies of Dr. Crudelli and Dr. Klebs, of Prague, have suggested historical questions of the greatest value now in process of solution. Again, the high-school boy or girl, who has wondered why the now deserted Campagna was once populous, will perhaps be glad to know the reason. Our teachers have guessed answers for us and that was all. Now these two scientists have found that the change in the salubrity of the Campagna is due to the fact that once it was drained, and now it is not. I see by a recent paper that the Government of Italy proposes general drainage, in hope of economic gain and of health. Dr. Crudelli is to have charge of this, I think, and I opine that in a few years we can enjoy Rome as we now do Paris.

But of necessity this matter of sanitary effort is not Crudelli's *coup*. As I have said, he and his co-laborers are at war with the theory that a mystic germ causes malarial disorders. When these men cut loose from

their adherence they made another and an equally remarkable affiliation. They found in the undrained soil a microscopic plant that they named *Bacillus malariae*, and, from having found it where malaria exists, they confidently set forth that a bacillus is the cause of paludal disorders. Dr. Crudelli I do not know, but Prof. Klebs is an enthusiast who jumps amazingly at, over, and off of conclusions. Yet it was quite natural for the two doctors to arrive at this conclusion, and they thought it confirmed when, on making subterranean explorations in the net-work of ancient drains and tunnels, they found no bacilli. If they moistened this soil the plant appeared, but died with new drought. Hence, at the same time that they were showing us the archeological proofs of the unrivaled genius of the Romans or their predecessors, they suborned the voice of the past to show how a fatal disease was checked. But the observers were too local—too much stress was placed on a plant that is hard to find elsewhere. Rejecting germs, and adopting the bacilli, they simply took the first step toward pointing out the real cause. It has been said that an eclipse of imagination would chill and benumb science, but it is worthy of note that that which is a vapid and artificial reality can not be eclipsed.

Faith in Lancisci and his creed, although more than a century and a half old, is not without its broken foundation. The Lanciscian "marsh miasm" has ever continued to be a dissipated thought. The lines of the theory have divaricated as the century has gone by. As axiom after axiom of the theory has proved untenable, the Flints, the Erbs, and the Watsons have doubted. But their doubt has in no wise become rank skepticism, and a constant waiting for renewed proof postponed the rise of that heresy which has been slowly advancing with the fleeting time. The Italian's hypothesis endured as a thing of beauty until malaria appeared, not only where it had never been expected, but in places where the theory had said it could not come. Among the points relative to our existing knowledge of malaria, two of the most conspicuous have only recently been outlawed. In their connection they were allied. Less than ten years ago we believed that malaria was never developed at a lower temperature than 60° , and that it was checked by a temperature of 32° . But we have watched the intermittent pulse of malarial disease in mid-winter; and in October, when the tempera-

ture is moist, often below 60° , the strength of the influence of malaria is not dimmed. All through the months of the year the effects of the poison are felt, and temperature is without any significance.

Another article of the creed states that malaria affects by preference low and moist localities. This is a modification of the original idea which stated that the poison is marsh-born, but, like it, it is untenable. The old evidence was to the effect that marshes govern the emanation of the pollutions. Now the substitutive thought is that the governing power is the moisture of low lands. But this theory has been overthrown by the rising of the facts. Malarial fever is as prevalent (if other things be equal) among the Catskills as in the valley of the Hudson, on the heights of the Blue Ridge as in the meadows of the Potomac, in New Hampshire as in Connecticut.

Just twenty years ago the United States Sanitary Commission published as a part of their notable report the axiom that, "In proportion as countries previously malarious are cleared up and thickly settled periodical fevers disappear." This sounds very well, and is of the modern gospel; but it is flimsy fallacy. Kansas furnishes evidence that breaks down this hypothesis. There are towns in that State, growing in population year by year and situate in the midst of fertile agricultural lands, that are as much afflicted with intermittents as they were when they were first settled. Southeastern Minnesota furnishes other such towns, and there are towns of the same class in Missouri. How things are changed since 1864! The same Sanitary Commission also wrote these words: "Malaria is most abundant as we approach the equator or the sea-coast." The coast referred to is the Atlantic, for such a rule can not apply to the Pacific. But look at it! Beyond the Mississippi—far from the sea-board and the equator—malaria is more abundant than any where else in the Union, not excepting Ohio or Illinois. If the sea-board States be alone considered, the rule still fails. Is malaria more prevalent in New York than in Buffalo, in Richmond than in Wheeling?

Again, it is held that the malarial germs have an affinity for dense foliage, and that woods, by obstructing their passage, prevent their transmission. This may hold true in some instances; but I have in mind two New England towns that are equally malarious, which have a forest between them, and are geographically in the line of

the prevailing wind. This is not a solitary case, and many other physicians have noticed the same thing. Correlative, it is held that atmospheric currents transport malarial germs to considerable distances. This can not be denied, because if there are such organisms as malarial germs floating in the air, the wind will play with them as it wills.

Another—and that not the least of the most commonly-spoken premises of the hypothesis—is that which states that in previously healthy places malaria may be developed by the turning up of the soil. This is used as a prime argument in proof of the responsibility of germs.

I am aware that in localities that have always been pure of malaria it has appeared at the instance of the building of railroads and canals. But it may be asked in point, if the building of the Union Pacific Railroad was the cause of the appearance of malaria in Kearney and Julesburg, in Kansas, why did not the building of the Hudson River Railroad act as causative of the noxious agent in towns along its line? If turning up the soil in an Iowa town when cellars are dug causes the inception of malaria there, why does not the same work in a Pennsylvania town cause the same inception? On the Western prairies the farmer plows from sunrise till noonday, and all of the afternoon suffers from malarial fever. If the malaria is developed because of the rise of germs from the freshly-turned soil, why does not the Massachusetts farmer who plows all day suffer as does his Iowa brother? There is no given answer, although it is said that the disturbed soil in some of the malarious districts of the West is of a different character from that which is most commonly found in the healthier States. This is but another fragment of fallacy. The most expert analyst could not detect any fundamental difference between the soil from the malarious Oakland Valley of Iowa and that of the meadows of the Schuylkill, where malaria is most rare. Again, there are towns in the Connecticut Valley where the soil is of a peculiar sandy loam, and where malaria has appeared within five years. There is no other such soil in America, excepting that of a strip of country in the neighborhood of Stanstead, P. Q., a locality where malaria is rarely if ever seen. The soil and operations in the soil can not reasonably be said to be factors in the cause of malaria. Yet such is the theory; and the fallacy of the idea

shows plainly on its face. It is, however, said in connection, that after systematic sub-soil drainage and cultivation the soil parts with the power of producing malarial germs. We have nothing to prove that this is not so; and, on the contrary, there are no proofs that it is so. Yet, after nearly a century of cultivation on Massachusetts farms, the appearance of malarial fever has surprised the theorists.

Apropos, it is said in the theory that the germs are readily set free from the soil by the atmosphere permeating it and again escaping, and by water acting in the same way. That which we call science is anxious to prove that the telluric germs escape from mother soil. But water and air pass through soils in certain localities all through the weeks of summer, and nothing is seen of malaria.

The preceptors of the present generation of physicians taught that malaria is never generated in places having an altitude above one thousand feet; and one of our best modern authors asserts that malaria can not climb mountains. This might have been so once, but now the dread agent of disease is as much at home on the Berkshire Hills and the Carolinian Alleghanies as it is on the prairies of the West. Indeed, the best lessons that have come to us relate to altitude. Up among the rocky hills of Spain, where no soil lies, and where vegetation is impossible, remittent fevers rage with a malignity only equaled by that manifested in the arid plains and table-lands of the neighboring districts of Portugal.

NEW YORK.

Miscellany.

LOCAL ANESTHESIA.—It is said upon reliable authority that local anesthesia may be readily produced by applying with a camel's-hair brush the following mixture: Chloral and camphor, each, one dram; morph. sulphat., one half dram; chloroform, one dram; mix. To be applied with a brush to the area to be incised.—*Canada Lancet*.

IODIDE OF POTASSIUM IN ECZEMA.—Dr. Stelwagon, in Philadelphia Medical News, recommends iodide of potassium in eczema. He says that in many cases it renders good service. It is more clearly indicated in sub-acute and chronic eczema. In relapsing

eczema of children its benefit was most marked. It is best given to children in syrup of orange peel; for adults, Huxham's tincture and tr. gentian compound are the best vehicles. It seems to have more effect when the stomach is empty, and is usually best given a half hour before meals.

IN the early stage of tonsilitis bicarbonate of sodium will frequently relieve the pain and arrest the inflammation. It can be applied by the patient himself, by moistening the tip of the index finger, dipping it into the dry salt, and then, carrying the finger into the mouth, rubbing the soda over the inflamed tonsil. Repeated applications are to be made at intervals of five minutes. After five or six applications the act of swallowing will be nearly painless. A thorough use of the soda early in the disease will abort the attack and promote resolution.

MEDICAL expert (on the witness-stand): "No, sir, it would have been impossible for the accused to quietly think out his plans for committing the murder while walking on Broadway."

Counsel for the defendant: "State why, doctor."

Medical expert: "Because Broadway is the main artery of the city, and my professional skill teaches me that a quiet vein of thought on a main artery is paradoxical and absurd."—*New York Medical Record*.

A TEST FOR ALBUMEN IN THE URINE.—Dr. Kemper writes to the Medical Record: "Take a solution of salt and vinegar in a test-tube, heat over a lamp, then overlay the solution with one drop of the suspected urine, and if albumen be present, it will be indicated by the appearance of a coagulum on the test solution. If no coagulum appear, albumen is not present. This test is given by Prof. J. North as a modification of the acidulated brine test."

IN order to settle the relations of the comma-bacillus to cholera two Italian gentlemen offer, through the *Deritto*, a newspaper of Rome, "to eat such a quantity of gelatine containing the *microbe* as a scientific commission may judge sufficient to determine the development of cholera, upon condition only that their names be absolutely incognito, and that in case of their death the government or some rich philanthropist shall take charge of their families.

TURPENTINE IN THE TREATMENT OF PSORIASIS.—In the Practitioner for March, Dr. H. R. Crocker speaks highly of turpentine in certain cutaneous diseases. His experience in thirty cases of psoriasis proves that this drug is valuable. No external applications whatever were used; in all marked improvement was manifest. He gave 15 to 30 minims of ol. terebinthinæ in an emulsion of acacia.

IN the *Centralblatt für Gynäkologie*, Dr. Roth regards globus hystericus as due to a paresthesia of the sympathetic. And as the pellitory root has been found useful in paralysis of the tongue and pharynx, the author was led to try it in globus. He gives from ten to twenty drops of tincture of pyrethrum four times a day. He reports six cases in which he employed it.—*Medical and Surgical Reporter*.

THE Sixtieth Annual Commencement of the Jefferson Medical College was held in the Academy of Music, Philadelphia, April 2d. The degree of "M.D." was conferred on one hundred and seventy-six young men.

NAPHTHA IN CONSUMPTION.—Mr. Gilbert Richardson speaks highly of the rectified pyroxylic spirit in the treatment of consumption. He reports one case where it worked very satisfactorily.

A SOLUTION of sulphate of copper, 1 part in 100, is a valuable antiseptic, especially in midwifery, and may be safely used, both for its antiseptic and astringent qualities, as an intra-uterine injection.

THE WEEKLY DRUG NEWS will hereafter be published by the Druggists' Circular. It will contain not only market reports, but society news, and matters to which a monthly can give but little attention.

DR. JAMES L. LITTLE, Professor of Clinical and Operative Surgery in the New York Post-Graduate Medical School, died in New York City, April 4th, of peritonitis.

WHENEVER a Louisville doctor passes a corner pump he feels the germ of a new theory awakening within him.—*This and That, Courier-Journal*.

A TWO-PER-CENT SOLUTION of cocaine painted over the part is said to allay the pain following burns and scalds.

The Louisville Medical News.

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BROWN-SÉQUARD ON COCAINE.

The Paris correspondent of the *Lancet* (March 28th) gives a summary of a note on the analgetic action of cocaine, read by Prof. Brown-Séquard at a recent meeting of the Société de Biologie. This observer proves by experiment that the drug acts through the medium of the peripheric nerves on the nervous centers, which react in reproducing an inhibition of sensibility. A jet of carbonic-acid gas on the laryngeal mucous membrane, or an injection of cocaine at the level of the larynx will produce absolutely the same phenomena. Two minutes after this injection there is a generalized anesthesia and an analgesia of any wounds made on the body of the animal. The cutaneous anesthesia lasts only for a few minutes, but the analgesia of the wounds may persist until the following day. If fresh wounds are made, these, far from being analgetic, become, on the contrary, hyperalgetic. Injections of cocaine sometimes produce in the animal a rolling motion to the side opposite that of the injection, and sometimes a turning motion; this proves that the drug acts on the nervous centers, and particularly on the cerebellum.

Evidence of the inhibitory action of the drug may be found in this, that when the dose of cocaine injected has been large enough to produce convulsions these may be stopped at once by pulling or forcibly flexing the animal's toes. In animals which died under a toxic dose of cocaine he found just after death a body temperature of 111.6° F.

These observations show that cocaine is no exception to the rule that a remedy which is potent for good may also be potent for evil, and sound the warning of "breakers ahead" for those who fail to use the drug without accurate knowledge of its power, and an eye single to its physiological effects.

A NEW TEST FOR BILE ACIDS IN THE URINE.

The *Lancet* of March 7th states that Dr. Oliver, of Harrowgate, who has become widely known to the profession through the celebrated urinary test papers of which he is the inventor, has devised a new test for bile acids in the urine. Taking account of the physiological fact that when the acid peptones resulting from stomach digestion come in contact with the bile in the duodenum, they are instantly and completely precipitated, he was led to use as a test re-agent an acidulous antiseptic solution of peptone. This, when dropped into a specimen of urine containing a bile acid or salt, throws down a precipitate resembling that produced by nitric acid in the presence of albumen. "By using a standard of opacity to represent the very delicate reaction induced in normal urine, Dr Oliver shows how the quantity of the bile derivatives, as they appear in the marked deviations encountered in disease, can be readily gauged." By this means he has found that the bile acids are present in considerable amount, not only in the urine passed during jaundice and other hepatic affections, but in that of patients affected with anemia (simple or idiopathic, leucocythemic or malarial) and some other diseases.

Dr. Oliver's detailed account of his studies in this department of research, which it is said is soon to see the light, will be awaited with no little interest. Hitherto, in consequence of the difficulty of finding by means of any practicable test bile acids in the urine, their presence and significance in many hepatic derangements have been either ignored or denied by our various standard writers. The only test for these substances available till now was that of Pettenkofer, and this, as every chemist knows, will, when applied as not a few authors direct, find bile in plenty in every specimen selected for experiment. To make the test of Pettenkofer of any real service, the bile acids must be isolated by a tedious and elaborate process, during the execution of which it is probable that much of the material which the chemist would save goes by the board. The bile pigments which respond with more or less readiness to oxidizing agents are, therefore, the chief if not the sole reliance of the clinician in detecting hepatic derangement or disease, so far as the urine may indicate it in the absence of signs visible in other parts of the economy; but these are soon oxidized in the air, and often when fresh, if present in small amount, give either a faint response or no sign when treated with the tests in common use. It is therefore desirable that some ingredient of the bile more stable than the pigment should be made available in testing for diagnostic purposes; and since it is probable that bile never appears in the urine without its characteristic salts or their derivatives, an effective and easily managed test, to which the bile acids will respond freely and under all conditions, can not but be regarded as a discovery of great clinical value.

PROF. DAVID W. YANDELL, of Louisville, is to preside over the Section of Surgery at the next International Medical Congress. In this selection the Executive Committee has made wise provision for the honor of American Surgery.

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The Principles and Practice of Gynecology. By Thomas Addis Emmet, M. D., LL. D., Surgeon to the Woman's Hospital of the State of New York; Ex-President of the American Gynecological Society, and New York Obstetrical Society; Honorary Fellow of the Obstetrical Societies of Bos-

ton, Philadelphia, Louisville, Little Rock, Berlin, and Edinburg, etc. Third edition, thoroughly revised. With one hundred and fifty illustrations. Philadelphia: Henry C. Lea's Son & Co. 1884. For sale by John P. Morton & Co.

J. F. Richter, the publisher, of Hamburg, announces that he will soon issue a most interesting work, "Ueber Elephantiasische Formen" (on varieties of elephantiasis), edited by Geh Rath, Professor Dr. Esmarch, of Kiel, and Dr. Kulenkampff, of Bremen. The work will for the first time afford a comprehensive and comparative representation of this group of diseases, in many regards still obscure. It will be fully illustrated. That the work will be an admirable one the name of the editors is a guarantee. The subscription price is sixty marks; if subscribed for before the end of June it will be furnished for fifty marks. The same publisher announces a work by M. Vogel, of Hamburg, "*Zymotische Skizzen*," price, seven marks fifty pf.

Pharmaceutical.

Conducted by Simon Flexner, Ph. G.

NEW ALKALOIDS.—An examination of the bark of *Remijia purdieana*, by O. Hesse, has revealed the presence of the following interesting principles: Cinchonanine and cinchonine, concusconine, chairamine, conchairamine, chairamidine and conchairamidine. It will be remembered that the cuprea bark, from which large quantities of quinine are now prepared, is related to the bark from which the above bodies were extracted.

KOUMYSS.—It would appear that this preparation of milk is deserving of more attention than has been accorded it heretofore. In a review in the Therapeutic Gazette, it is highly spoken of as a restorative in wasted and enfeebled conditions of the system due to prolonged disease, or when the stomach itself refuses, owing to irritability, or other causes, to either accept or appropriate food of the ordinary kinds.

PUNICINE.—According to C. J. Bender (Pharm. Centralhalle), pomegranate bark contains but one crystallizable and two amorphous alkaloids. He discards the name "Pelletierine" in favor of "Puni-

cine." This seems to us to be a move in the right direction, since arbitrary, and, as is sometimes the case, fantastical methods of naming principles can not too soon be discouraged. The name "Punicine" at once and unmistakably indicates the source, if not the properties of the body it represents, which certainly can not be said of the old one, however much it is desirable to honor great men.

FERROUS IODIDE.—Syrup iodide of iron, which contains ferrous iodide, is so prone to change and become unfit for use, that a method of making it practically unalterable will be received with favor. If a part of the simple syrup used in the manufacture of the syrup under consideration be replaced by glycerine, this end, it seems, will be attained.

Correspondence.

PARIS LETTER.

[FROM OUR SPECIAL CORRESPONDENT.]

It now seems pretty well established that excision of hard chancre succeeds but rarely as a means for aborting syphilis. This fact would prove that at the very moment inoculation is effected, the virus has already penetrated into the neighboring tissues, or in the lymphatic glands. Dr. Hallopeau, physician to the Saint Louis Hospital, lately made a communication to the Clinical Society, of Paris, in which he suggests that we treat the initial lesion by a substance capable of acting on the infectious elements it contains as well as on those that are being absorbed. The good results obtained in the local treatment of malignant pustule by corrosive sublimate, suggested the idea to Dr. Hallopeau to try the remedy in the case under consideration. He observes, however, that to be successful the application of the caustic (corrosive sublimate in powder) should be performed immediately, or at most within a few hours of the appearance of the chancre. To justify his theory, the author remarks that it is not proved that the organism is infected at the very moment when the process of incubation at the seat of the introduction of the virus produces ulceration and the initial induration; the inoculations practiced with the liquid secreted at this time by the hard chancre have not always proved effectual; on the other hand, a certain lapse

of time necessarily takes place between the appearance of the initial induration and that of the enlarged glands, and later on of the development of roseola; these, it would appear, are so many preliminary stages through which the virus has to pass before penetrating into the tissues. If these views be correct, adds the author, the employment in the period which precedes the enlargement of the glands of a local remedy capable of acting on the virus contained in the induration, and on that which is being absorbed by the lymphatics, is rational and deserves to be tried, and however feeble may be the chance of success, it is sufficient to justify the application of the remedy in question.

Since the recent discovery of the anesthetic property of cocaine by Dr. Koller, of Vienna, this substance has been applied to other organs than those of the eye. As regards the latter, however, it would appear that according to Professor Panas, an eminent ophthalmologist, the advantages are not so complete as the observations of Dr. Koller would lead one to expect. M. Panas declared, at the Paris Academy of Medicine, that while the action of cocaine on ocular membranes uninflamed was incontestable, it was, on the contrary, very contestable when the latter were inflamed. Thus, for instance, in conjunctivitis, keratitis, iritis, the anesthetic properties of cocaine are nil. Another peculiarity is that the anesthesia produced by cocaine was very unstable and very superficial. "No doubt," said the learned professor, "that an incision of the cornea would be insensible, but when practiced on the deeper tissues, in iridectomy for instance, the patient feels the operation just the same as if the cocaine had not been employed." But Professor Panas has been rather premature in his conclusions, for it has since been ascertained that to extend the anesthetic of cocaine to the deeper tissues and to increase their duration, it is only necessary to use a more or less concentrated solution, according to circumstances.

The anesthetic property of cocaine has been taken advantage of and applied to every organ where there was a mucous membrane. Thus, for instance, for operations in the mouth, the nostrils, the larynx, the trachea, the urethra, the vagina, the rectum, the stomach, etc., the application of cocaine has been found invaluable. Not long ago, Dr. Cazin, of Boulogne, cured a case of vaginismus in a patient that had for many years suffered from this painful mal-

ady, so much so that coitus was simply impossible. The application of a two-per-cent solution of the hydrochlorate of cocaine to the vulva and the interior of the vagina sufficed to remove the hyperesthesia, and if it did not cure the vaginismus permanently, the effects lasted sufficiently long to permit coitus without any suffering. Dr. Theophile Anger, hospital surgeon, reported a similar cure to the Surgical Society, of Paris. Other practitioners have found that when the introduction of the speculum becomes impossible from over sensitiveness, it is sufficient to paint the vulval orifice with a solution of the above strength to overcome the difficulty. Dr. Dujardin-Beaumetz, hospital physician, and a therapist of some note, has lately cured a case of fissure of the anus with the same substance.

It is considered probable that the anesthetic property of cocaine may be extended to the cutaneous coverings. Up till now, the cases in which the alkaloid has been employed in this direction are not numerous, but the results obtained are rather encouraging. The case of Dr. Hepburn, of New York, has been frequently quoted in support of this view. I may here recall the case referred to. After having injected six drops of a solution of cocaine in the forearm, Dr. Hepburn noticed that an anesthetic zone of some extent was formed around the seat of the puncture. The experiment was renewed, and the whole arm was covered with successive anesthetic patches. More recently, Professor Vulpian presented to the Academy of Sciences a note from M. Grasset on the same subject. The author concludes from his experiments that he is led to hope that cocaine will render to general surgery the service that it has already rendered to ophthalmology. There is every reason to hope that at least for certain operations a sufficient degree of anesthesia will be produced without sleep and without affecting the general system. The author adds that, in fact, the injection of one centigram of the hydrochlorate of cocaine produces, in man, an anesthetic zone perfectly marked, without general phenomena and with very slight local results. This anesthesia lasts a sufficient time to enable the surgeon to perform a certain number of operations. This would be an immense advantage, and the author predicts that, if judiciously employed, cocaine and its preparations may yet supersede the use of chloroform and like anesthetics. For surgical operations, it is recommended that the liquid

should be injected just below the seat of the intended incision, and the operation should be performed in from five to ten minutes after the injection.

PARIS, March 20, 1885.

NEW YORK LETTER.

Editors Louisville Medical News:

Among the many new things seen and heard since my arrival in Gotham, I notice that every surgical operation is done under the strictest antiseptic precautions, a solution of the bichloride of mercury, 1 to 1000 or 1 to 2000, being the antiseptic agent employed. The operator and his assistants wash their hands frequently in clean water, while the instruments to be used are kept in a solution of the bichloride, the wound being frequently flooded with the same during the operation. I am informed by Drs. Wyeth and Gibney that they have seldom had an untoward symptom, so far as healing of the wound and septic poisoning are concerned, since the introduction of the bichloride solution into their clinics. Carbolic acid seems to have been abandoned. I have not seen it used in any operation since my arrival here, and I have witnessed quite a number every day.

I saw my friend, Dr. John A. Wyeth (a graduate of the University of Louisville, and classmate of mine in 1867-8), do an operation yesterday at the Mount Sinai Hospital, known among surgeons as McNamara's operation for the radical cure of hip-joint disease in the early stage of that affection. The operation consists in cutting down upon the trochanter major, when, after peeling back the periosteum, a hole is made by means of an ordinary trephine through the trochanter into the medullary canal, or rather into the cancellated structure of the neck of the femur. Then, with a drill about the size of an ordinary lead pencil, a canal is cut along through the neck of the femur, following the central line up into but not through the head, care being taken to avoid penetrating the joint. Dr. Wyeth explained to his class that as the seat of the disease ("caries," as we have been accustomed to hearing it called, but known among the New York surgeons as "tubercular degeneration") is, in the great majority of cases, in the central part of the head of the femur, that therefore this operation is a rational one, because it affords free drainage, and thus pre-

vents pus from working toward the cavity of the joint. After drilling well up into the head of the bone, a probe with a spoon-shaped end was passed in, and a considerable amount of cheesy and gelatinous material scooped out; after which a drainage-tube was pushed well up into the canal, and the external wound, which had been made as large as the palm of the hand, was stuffed full of antiseptic gauze, covered thickly with idoform, and then with a thick wad of absorbent cotton.

I mention this operation somewhat in detail because it is the first time it has been performed in America, and perhaps only the seventh time in the world; a surgeon in Europe, by whose name it is known, having done the operation half a dozen times before, with, as he reports, rapid and brilliant results. A number of prominent surgeons of this city were present at the operation, and the result will be watched closely. I overheard several of them discussing McNamara's operation, and the prevailing opinion seemed to be that it promised to work a revolution in the treatment of the the much-dreaded affection known as hip-joint disease.

I attended the meeting of the New York Pathological Society last night, of which Dr. Wyeth is the recently elected president. A number of interesting papers were read, each of which was accompanied by a pathological specimen to be presented to the Society. (I believe it is a by-law of the Society that with every case reported a pathological specimen must be presented). Two of these reports were especially interesting. One was a specimen showing intussusception of the bowel in a child six months old, presented by Dr. J. Lewis Smith, the eminent writer on Children's Diseases. In this case the ileum was invaginated into the ascending colon to the distance of about four inches, carrying with it the caput-coli. The treatment the doctor had employed was injections of warm water, carried on at short intervals for two days, after which, having failed to give relief, he determined to make an abdominal section, but the patient died before he was able to operate. One point upon which Dr. Smith laid special stress was, that we should not delay the operation longer than one day, if relief be not had in that time by water injections or inflation with air. However, he discourages a resort to the latter device, believing that there is great danger under its use of rupturing the intestine.

The other paper was presented by the Microscopical section of the Society, being a report upon a new substance for embedding tissues preparatory to making sections for mounting. Bayberry-tallow, it is called. It is obtained from the ordinary bayberry-bush, and is used by furniture manufacturers for oiling the sliding surfaces of bureau-drawers, etc. They claim for the bayberry-tallow that it is cheaper and better than celluloidine, and far superior to paraffine and other kinds of wax heretofore used. A special feature claimed for it is non-solubility in alcohol except when warmed to about the temperature of the body or a little above it, and hence the specimen may be kept indefinitely in alcohol at ordinary temperatures. Another count to the credit of the new tallow is that tissues injected with it or embedded in it can be shaved in thinner sections than those allowed by other materials, and that on account of its firmness it allows of a more even cut. After making a section the tallow may be removed from the specimen by simply placing it for a few minutes in a bath of warm alcohol. The exhibitor took occasion to mention the usual precaution that in heating the alcohol it must not be held over a flame, etc. The specimen presented with the paper was a section of the smallest bronchi, which showed up beautifully under a low magnifying power.

R. B. GILBERT, M. D.

NEW YORK, April 9, 1885.

Translations.

THE USE OF THE RUSSIAN STEAM BATH IN DIPHTHERIA, CROUPOUS STENOSIS OF THE AIR PASSAGES.*—Carl Herman Pfeiffer and The. Griebner have treated diphtheria in this manner: The patient must first receive several glasses, as many as possible, of warm tea or thinned milk to drink, whereupon the cold legs and feet must be put, for a long time, in hot water or be washed with cold water and soap and then rubbed dry. Then they are rubbed with the dry palm of the hand of a strong person, or with something similar to the flesh-brush, until very hot. This rubbing will be made easier if a little oil is dropped on the skin after it becomes dry. If dysphagia occurs one should give a tea-spoonful of cod-liver oil or sweet oil. When the hands and feet have become

*Translated from Dr. Foerster, of Dresden, in *Jahrbuch für Kinderhulk*, by E. S. McKee, M. D., Cincinnati, O.

warm the drinking is continued. In diphtheria which is pretty well advanced the patient must be brought into a well-ventilated room and given a few glasses of good Spanish wine, mixed with equal parts of water, and then some cups of tea or lemonade. Then follow sharp cold rubbings, succeeded by hot rubbings; then more glasses of liquid are given. At last the patient is wrapped up in air-tight woolen cloths and covered. If he can be made to sweat, then he is saved. After the sweating the flabby skin, in case it shows no eruption, must again be washed with cold water and rubbed with damp cloths. If an eruption follows, the cold rubbing is to be discontinued. The patient is now to be kept in a regular and warm temperature. He can eat any thing that he has appetite for, unless it is difficult of digestion; exciting drinks should be avoided. If weakness of the stomach and nerves are present, the patient should have a carefully selected, strong diet.

Dr. Wachsmuth, of Berlin, was the first physician who favored this means of treatment. He considered it good, if not the best.

Dr. Wilhelm Hübner combines the diaphoretic treatment with emetics and mercurials internally. He gives first, every fifteen minutes, a powder of ipecac. and tartrate of antimony, of each five grains, until complete emesis follows. He then begins the sweat cure. After washing the body with equal parts of vinegar and water, 8° to 12° Reaumur warm, he wraps the body up in damp linen, and over this a dry woolen cover; then wraps the patient up well. Previously a damp handkerchief of the same temperature is laid over the anterior surface of the body, so that the arms do not come in contact with the skin. The external treatment is continued until a miliar eruption occurs; after the heating of this the fever disappears. To overcome the severe inflammation in the throat ungt. bellad. hydrargyri and cinnamon (ex. bellad. 0.5-15 grams) should be rubbed over the salivary glands and air-passages twice a day. Then lay a cloth soaked in cold water about the neck, and over that a woolen cloth. Argenti nitras or gargles of lime-water should be applied directly to the fungus formations in the throat. Salicylic acid or hydrochloric acid can be painted on these formations. It is very good practice to use an infusion of an ointment with vinegar as a gargle; also

to open the bowels well with infus. rad. rhei or fol. sennæ, with addition of chloride of ammonium or sulph. of magnesium. In tender children the treatment sometimes undergoes some alterations; for instance, after oft-repeated applications of the hydro-pathic packing, warm bottles are applied to the feet.

TOTAL INVERSION OF THE UTERUS FOLLOWING THE SPONTANEOUS EXPULSION OF A FIBROID POLYPUS; RECOVERY.*—Dr. F. Schavnik, of Krainburg, makes the following report: A woman, aged forty-six, married six weeks, had always felt quite well. Her menses had always appeared with remarkable regularity. Inter-menstrual hemorrhage had never occurred. The patient began to feel drawing pains in her sacral and abdominal regions; a strong hemorrhage immediately took place. This, together with the pain, soon disappeared. After an unusual physical exertion the hemorrhage and pain returned, and shortly thereafter a mass was expelled. The midwife who was called did not recognize what it was. The author was called and found a mass lying between the thighs of the woman. It was the size of a child's head, and covered with bloody coagula. This was united by a string two centimeters long and as thick as the thumb, to a pear-shaped body which projected from the vulval orifice. Further examination showed that a fibroid polypus had been expelled from the uterus—that this polypus was still attached to the uterus, and that it had caused an inversio uteri. The author threw a ligature around the pedicle of the polypus and cut it through. The part attached to the stump of the polypus was left very long. After disinfecting, washing and straightening out the part, the author endeavored to reduce the prolapsus. This was attained with great ease. The uterus contracted beautifully. It was washed out and ergotine used subcutaneously. On the sixth day the stump was expelled, and on the tenth day the woman was up and about. The menstruation returned later and was without pain. The pedunculated fibroid which was expelled, weighed 309 grams, and was 25 centimeters in circumference.

JEFFERSON MEDICAL COLLEGE recently conferred the degree of LL. D. on Dr. Austin Flint, jr.

*Translated from Dr. Foerster, of Dresden, in *Memorabilien*, by E. S. McKee, M. D., Cincinnati, O.

Selections.

WEAK HEART.—Every physician in extensive practice is occasionally brought into contact with cases of heart failure, of which the essential nature is somewhat obscure, and which are frequently recorded when terminating fatally as angina pectoris. As an example of the kind of illness typical of such affections some such history as the following may be taken :

An apparently healthy man of sixty or sixty-five, of florid build and choleric temperament, is attacked, soon after the exhibition of unusual excitement, with acute pains over the cardiac region, accompanied by shooting pains down the left side and arm, and a general sense of oppression. There is no loss of consciousness, no actual paralysis, although some degree of numbness may be experienced in the hand, but without materially diminishing the force of its grasp. Occurring in the absence of the physician, the bystanders administer stimulants and resort to rubbing the arm of the sufferer with resulting relief to the symptoms; and in an hour's time probably the attack so far remits as to admit of the patient's moving about more or less freely, or a fatal termination may then and there occur. It is more likely, however, that, as in the most recent case of the kind we have encountered, an interval of rest will be noticed, and then on a renewal of movement the symptoms will once more set in, this time perhaps less violently than at first, and apparently ending in the appearance of quiet repose, during which death ensues almost without indication of its approach.

Very often the subjects of such illness are unable to recall that they have ever been similarly attacked; they have not, that is, as is usual among the victims of angina pectoris, been for a greater or less number of years suffering from spasmodic affections of the heart, and to their own knowledge this organ of their economy is free from any kind of disease. Nor, as far as our own experience goes, does auscultatory examination yield any positive or reliable signs, with the exception that its sounds are distant and indistinct, but the most careful observation will fail to make out any thing deserving the name of diagnostic indications. Moreover the evidences of cerebral lesions are altogether absent, and the suggestion of any such origin for the symptoms exhibited in the

cases described must be entirely excluded on purely clinical grounds. Neuralgia also can hardly be accepted as explaining the phenomena, inasmuch as a sudden single attack of so violent a nature as to produce a fatal result is improbable, to say the least; and wherever this cause is responsible for death it is reasonable to assume that the final illness will have been preceded by less severe indications of cardiac neuroses. It is consequently necessary to look for some other producing cause of the effects, and this may with some assurance be assumed to reside in a deterioration of the heart itself. As already hinted, the subjects generally found to suffer in the manner under discussion are those in whom the existence of fatty heart might be reasonably suspected, and the *modus operandi* of the changes taking place under such conditions is not difficult to comprehend. As the structure of the walls degenerates the propulsive power of the heart is *pari passu* reduced, and a time ultimately arrives when its action suffices only to maintain the circulation under conditions of ordinary and unexcited life. Even now, however, the habits of the individual are unconsciously adapted to the failing strength of the organ, all unusual exercise is avoided, and without at all being aware of the fact, the patient foregoes most of his customary exertion, the only point which presents itself to his mind being that he is "growing old." This may continue for a length of time, but should it happen at any moment that either by indulging in a fit of passion, or by taking sudden and violent exercise, that the heart is called upon to perform a labor beyond its diminished powers, then the strain becomes more than it can resist, and the attack describes results. The popular remedy, a stimulant, usually in the form of whisky, which is at once administered, acts as a temporary aid to the exhausted organ, which however is left in a still more exhausted state when its effects have disappeared, and, being then still under call to continue its normal action, it responds with rapidly lessening strength to the needs of the circulation, and with or without a renewal of severe symptoms it slows into death.

Such we take it is a general explanation of a large proportion of the deaths which have of late figured in reports as being caused by angina pectoris, and the frequency of which has caused some degree of surprise. We can not, however, hope

that treatment is likely to be materially assisted by acceptance of this view, since the structural degeneracy of the implicated organ must necessarily militate against any permanent restoration of its function, the more especially as the occurrence of an attack of illness offers a certain indication of its being inadequate to meet the calls made on its resources. Such failure in fact is proof that the organ has advanced so far in decay as to render its performance of even ordinary work uncertain, and it is suggestive that a great part of the cases observed are seen in persons in whom, on *a priori* grounds, fatty changes are indicated. Possibly, also, many other sudden deaths, the reason for which is often obscure, may have been brought about by similar means, and the subject is at least one worthy of receiving attention.—*Med. Press and Circular*.

LORETA'S OPERATION FOR SACCIFORM AORTIC ANEURISM.—Prof. Loreta, of Bologna, who is already well known to the medical world by his operation of divulsion of the pylorus, has recently performed a very brilliant operation for the relief of a very large sacciform aneurism of the abdominal aorta. It was performed on December 18, 1884, and the patient, at last accounts, was considered well—and cured.

The aneurism was about the size of the head of a fetus at term. The sac occupied the hypogastric and left hypochondriac regions, displacing the spleen and diaphragm.

Loreta made the diagnosis of sacciform aneurism of traumatic origin, due to pressure on the abdominal aorta between the pillars of the diaphragm during violent muscular exertion. The operation was undertaken at the solicitation of the patient, on account of the violent neuralgia from which he suffered, and on account of his rapidly increasing state of malnutrition. An incision was made from just below the sternum to the navel; the parietal peritoneum was adherent to the epiploön, and to the stomach and liver; beneath this there were other adhesions between the stomach and sub-jacent aneurismal sac. Some of the adhesions were broken up, but the operator did not disturb those between the sac and the liver and spleen for fear of rupturing the sac. Being able to reach neither the aorta, the celiac axis, or the superior mesenteric artery, so as to be absolutely sure of the seat of the aneurism, he cut through the lower fold of the transverse mesocolon, thereby coming immediately to the sac, into which

he thrust a very small trocar and introduced two meters of silvered copper wire. The wound was then closed, the operation lasting an hour and a quarter. The patient had no rise of temperature after the operation, and cicatrization was complete on the ninth day. On the day following the operation the patient was sensible that the pulsations were very much diminished; improvement continued, and on the twenty-sixth day after the operation the tumor was solid, reduced fully one half, and the patient was going about. Loreta is confident that the aneurism was of aortic origin, from the cause assigned by the patient—severe muscular exertion in striking sail, and from the fact that the tumor was larger than would be expected to spring from any other abdominal vessel.—*Journal Am. Med. Assoc.*

UNUSUAL SEQUELA OF OVARIOTOMY.—At a meeting of the Clinical Society of London, March 13, 1885 (*British Medical Journal*), Mr. Barwell related the history of a case of ovariectomy followed by unusual sequela. The patient was of fair complexion, and mobile temperament. She came into Charing Cross Hospital, and it was agreed that ovariectomy should be performed. On October 28th, Mr. Barwell removed the left ovary, first withdrawing twenty-three pints of fluid; the pedicle was tied with silk and allowed to fall back into the abdomen. The usual mode of suture was employed. During the three subsequent days menstruation recurred, and some hematuria was observed; it then ceased. On the third day the thermometer stood for two hours at 102.4° , but, with this exception, she never had a temperature worthy of notice. The deep sutures were removed after forty-eight hours. The abdominal wound was healed on November 2d; there was hardly any tenderness in the left groin, or elsewhere. The patient, who was naturally very docile and amenable, showed on November 3d, a contradictory and aggressive temper; on the 5th (eighth day of operation) this had developed into insanity. On November 7th she was so violent that she had to be secured, and this could only be affected by giving a little chloroform. A subcutaneous injection of four minims of solution of morphia only calmed her for three hours. On the 21st, with various phases of comparative violence and calm, but with incessant talking, the patient continued entirely insane, sleeping only in short snatches about two hours out

of the twenty-four until the 19th. She then began to show signs of amelioration, especially in saying that she knew she was mad. On the 21th, Mr. Barwell ordered an ice-bag to the head. After this she slept more, and gradually improved. On the 28th she would be pronounced sane. During all December she was well enough to take walks, but was, for various reasons, kept under supervision until December 29th, when she was discharged in perfect mental and bodily health. In spite of several attacks of violence, and of struggling, the abdominal cicatrix had held well, and there was no sign of hernia; nevertheless, it was thought prudent to provide her with a belt. Mr. Barwell remarked that several views might be taken of this case: (1) There might have been hereditary tendency to insanity. (2) Insanity might follow any of the major operations, ovariectomy not more than any other. (3) It was the result of disturbance of the urinary organs (kidney). (4) It was the result of disturbance of the generative organs. (5) It was mere coincidence. On these views he made the following comments: (1) Great pains were taken to find any trace of mental disturbance in the patient's family. None could be discovered. Her father had died of cerebral apoplexy at an advanced age. (2) If Insanity were an occasional sequela of surgical operations, the matter was not mentioned in surgical writings. (3) The amount of blood lost by the kidney, if any, was insufficient to produce grave effects. Hematuria was not uncommon after intra-peritoneal operations performed under a carbolic spray. (4) Although disturbance of the generative organs appeared, at first sight, to offer the easiest explanation, in this case there were none of the erotic symptoms usually associated with abnormal states of that system. Perhaps some might see an analogy between puerperal insanity and mental disturbance in this case. (5) Mere coincidence might be justly considered the best way of accounting for insanity thus following ovariectomy if this were an isolated instance, but Mr. Barwell was acquainted with several other examples. Thus Dr. Keith had had one case (after hysterectomy); Mr. Thornton two (ovariectomy and hysterectomy); there had been a case at St. Thomas's Hospital, and one had been noted by Mr. Dent. Thus mere coincidence would not account for the circumstances which it appeared desirable should be known in the profession.

JABORANDI IN OBSTINATE HICCOUGH.—Pagenstecher (*Ctrlbl. f. d. ges. Thérap; Bull. gén. de Thérap.*) reports a case of hiccough which had resisted every known remedy, including the bromides, morphine, chloroform, and electricity. The patient's diaphragm contracted in the most violent manner about twenty or thirty times a minute, and he had been unable to take any nourishment for three days. After receiving four grains of jaborandi-leaves, in the form of a decoction, he had a profuse perspiration, after which the hiccough was completely checked.—*New York Med. Jour.*

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department of the United States Army, from April 5, 1885, to April 11, 1885:

Biart, Victor, Captain and Assistant Surgeon, leave of absence extended six months on surgeon's certificate of disability. (S. O. 77 A. G. O., April 4, 1885.) *Stevens G. Cowdrey*, Captain and Assistant Surgeon, from Department East to Department Missouri; *Augustus A. De Loffre*, Captain and Assistant Surgeon, from Department East to Department Dakota; *Louis W. Crampton*, Captain and Assistant Surgeon, from Department East to Department Platte; *George H. Torney*, Captain and Assistant Surgeon, from Department Missouri to Department East; *Wm. H. Arthur*, First Lieutenant and Assistant Surgeon, from Department Platte to Department East; *M. C. Wyeth*, First Lieutenant and Assistant Surgeon, from Department Dakota to Department East. (S. O. 77 A. G. O., April 4, 1885.) *E. C. Carter*, First Lieutenant and Assistant Surgeon, granted one month's leave with permission to apply for one month's extension, to take effect upon the arrival of another medical officer at his post. (S. O. 30, Dept. Arizona, March 23, 1885.)

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service for the week ended April 11, 1885:

Bailhache, B. H., Surgeon, Chairman of Board for physical examination of candidates for appointment as Assistant Engineers, Revenue-Marine Service, April 6, 1885. *Vansant, John*, Surgeon, Chairman of Board for physical examination of officers of the Revenue-Marine Service, April 11, 1885. *Purviance, George*, Surgeon, granted leave of absence for one week, April 6, 1885. *Stoner, G. W.*, Surgeon, member of Board for physical examination of candidates for appointment as Assistant Engineers, Revenue-Marine Service, April 9, 1885. *Godfrey, John*, Surgeon, to represent service at annual meeting of American Medical Association, April 11, 1885. *Goldsborough, C. B.*, Passed Asst. Surgeon, to proceed to Pascagoula, Miss., as inspector, April 8, 1885. *Carter, H. R.*, Passed Asst. Surgeon, member of Board for physical examination of officers of the Revenue-Marine Service, April 11, 1885.

THE
LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNĀ."

SATURDAY, APRIL 25, 1885.

Original.

ENDEMIC OF PUERPERAL FEVER.*

BY EWING MARSHALL, M. D.

Formerly Resident Physician, Louisville City Hospital.

The following notes and reflections are the result of the study of an outbreak of puerperal fever which occurred during the months of January and February, 1885, in the Lying-in Ward of the Louisville City Hospital, under the staff service of Dr. John G. Cecil:

Eight cases were diagnosed puerperal fever during the time above named. There were other cases showing a rise of temperature and other irregularities, which were thought to be due to a miasmatic condition of the ward. These were diagnosed malaria. The eight cases of puerperal fever may be divided into three classes.

First Class. Cases I, II, and III come under this class. They were very mild in character. In each the temperature range was about 103° F.—in some a little less, and in others a little more. The pulse and respiration were a little hurried. The temperature was controlled by quinine; and except for the fact that puerperal fever was in the ward, these cases would have been looked upon as simple malaria. In these the trouble lasted for three days only.

Second Class. These were more serious. Cases VII and VIII are classed together. Their temperature for several days went to 103.5° and 104°. For five days the pulse varied from 120 to 130, respiration being at times labored. There was a foul discharge in each, which lasted for several days. In Case VIII there was great depression of spirits, and an anxious expression of countenance. Both cases showed

some abdominal swelling, with pain and slight tympanites. These symptoms lasted for five days, and then gradually declined. In each case the systemic disturbance began on the third day. During labor the seventh case lost a great deal of blood, while the eighth at this time lost but little. Of the two cases the eighth was the more severe. The treatment used in these was the same as in the cases that follow. Both patients left the hospital completely restored to health.

Third Class. These cases are reported more in detail than the others, as they were the most serious of all.

First case: Annie Gaston, white, native of Kentucky, aged eighteen, primipara, was delivered on December 19, 1884; labor normal. Patient had no unusual trouble until the seventh day.

Lusk says: "After the fifth day an attack (of puerperal fever) is rare, and at the end of a week patients may be regarded as having reached a point of safety."

Fordyce Barker says: "It rarely appears after the fifth day after delivery, and I have never met with a case in which the disease has come on after the eighth day."

December 26th, the seventh day after delivery, the patient had rigors, followed by delirium, with a temperature of 104° and a pulse of 120. Drop doses of tincture of aconite were given every hour until the temperature came down to 100°. The delirium disappeared, and the patient went to sleep.

December 27th. The patient seemed improved in the morning. Her temperature was 100°. In the afternoon the temperature went up to 103°. The patient was depressed, and gave evidence of pain on pressure over the abdomen. She was put on milk-and-whisky diet. The ice-cap was applied.

December 28th. Salicylate of sodium

*Read before the Louisville Medico-Chirurgical Society, April 3, 1885. (For discussion see page 268.)

was tried for its antipyretic properties. The drug reduced the temperature, but produced severe sweating and great depression. At night the patient was given a hypodermic injection of digitalis and whisky, the point selected being on the posterior surface of the right arm, above the elbow. This, with the underlying cause—pyemia—set up cellular inflammation, and the right arm, especially the wrist and hand, became greatly swollen.

December 29th. The salicylate was discontinued. The temperature in the morning was 103° , and in the afternoon 105° . The pulse was 100. The patient was delirious. An enema of hot soap suds and castor oil was given. By the mouth she got a dram of the tincture of digitalis. The delirium left her in about an hour, and the patient went to sleep. We now began to use intra-uterine injections of a weak solution of permanganate of potassium.

December 30th and 31st. The patient was very low. Her temperature ran up and down during the day, reaching 104.5° in the afternoon.

January 1, 1885. The temperature was 104.5° in the morning. The nurse was ordered to sponge the patient off with cold water. The temperature yielded nicely, but as soon as it fell below 103° the patient had rigors. We had to stop the sponging and remove the ice-cap. The patient was now given a stiff toddy. In a very short time the temperature went up to 105° . The ice-cap was reapplied, and gradually reduced the temperature to 103.4° .

January 2d. Tepid water was used, but it acted like the cold water.

January 3d. The patient craved lemonade; it was given her, and agreed with her so perfectly that she was allowed to have it whenever she desired it. For a week the treatment was as follows: Uterine injections given once a day, opium as needed, and quinine ten grains three times a day. The patient took considerable quantities of milk, whisky, and lemonade.

January 10th. Quinine failing to control the temperature, and causing profound deafness, salicylate of sodium was given a second trial.

January 12th and 13th. The salicylate acted as before, and was discontinued. The patient was given only milk and whisky, and one uterine injection each day. On both days the temperature went very high, registering several times 106° . At this time the patient was constantly lying in one position

on account of her sore arm. This caused a slight attack of hypostatic pneumonia, but by shifting her position frequently this was soon relieved. She had also several small bed-sores, which by careful treatment were soon cured.

January 14th. Active treatment was begun again. Intra-uterine injections were given every few hours, as indicated by the patient's temperature. Fifteen grains of quinine every two hours were also given, until forty-five grains were taken. Opium was employed to quiet the patient and relieve pain. This treatment broke the fever, and from this time—the twentieth day of the fever—the patient steadily improved. She is still in the hospital, because of her great emaciation and lesions in the right wrist and left hip. The treatment up to the time I left the hospital—April 1st—was tonics, stimulants, and generous diet. Massage, warm baths, and electricity were applied to the joints.

Case v: Geneva Allison, white, aged twenty, native of Indiana, primipara, was delivered January 8, 1885. Labor normal. The patient got along nicely until the fourth day—January 12th—when she began to have cramps. Her abdomen became swollen, and gave evidence of great pain, with slight tympanites. The temperature was 103° . The bowels were cleaned out with castor oil. The patient's water had to be drawn by catheter for three days. After this she could pass it when warmth was applied to the parts. Grain doses of opium were given every two hours, and ten grains of quinine four times a day. Turpentine stupes were placed over the abdomen, and intra-uterine injections were made. The cramps lasted for about thirty-six hours.

January 15th. Patient began cramping badly again. The temperature was controlled by quinine. Her diet was restricted to milk and whisky, yet she continued to cramp. The tenderness being located over the left ovary, the cutaneous surface here was painted with tincture of iodine. The patient said that this gave her some relief.

January 17th. We starved the patient for one whole day, without modifying the cramping spells. Tenderness over the abdomen was very acute. We applied tincture of iodine to the surface over the right ovary.

January 20th. The cramping spells were neither so frequent nor so painful as before, and tenderness in the abdominal region was much less marked. The patient continued

cramping occasionally for five weeks. She was discharged two months after delivery in a moderately fair condition.

Case VI: Amanda Burnett, white, native of Kentucky, aged nineteen, primipara, delivered January 28, 1885. Breech presentation. Patient lost very little blood, and there was no rupture of the perineum. The patient complained of no unusual trouble until the morning of the eighth day—February 4th—when she had a rigor and cramping spells. Her temperature was 104° , pulse 126, and respiration 28. She received large doses of quinine, digitalis, and an intra-uterine injection once a day. Bichloride of mercury was the principal agent used for the purpose with this patient. Ice was applied to her head, and her body was sponged with tepid water.

February 5th and 6th. Her temperature was 103° in the morning, and 104.5° in the afternoon.

February 7th. Patient had intense sick stomach and vomiting. She was terribly constipated. After many things were tried, powders containing one tenth of a grain of calomel and five grains of bicarbonate of sodium were given every hour until three were taken. The nausea and vomiting ceased, and the patient had a pleasant, gentle action. Her temperature was, in the morning, 102° , and in the afternoon, 104° .

February 8th and 9th. Quinine causing disagreeable symptoms, and failing to control the temperature, salicylate of sodium was substituted for it. Her temperature was 101° in the morning and 103° in the afternoon.

February 10th. When I made my morning round the patient seemed improving. She had had a pretty fair night's rest. Abdominal pain was very slight, and she was sweating profusely. The patient lay on her right side most of the time, as the joints of the left side, especially those of the left arm, were very painful, pyemic signs showing themselves prominently at the middle metacarpo-phalangeal joint of the left hand. In the afternoon of this day the patient's child was taken to the orphan asylum, and although with her consent, still its removal seemed to take away all hope, and her spirits never revived. It is the opinion of nearly every person to whom I have talked upon this subject, that the puerperal patient should be compelled to keep her babe as long as she is in the hospital. If she did so the infant would get the benefit of the mother's milk for a month at least, and then many moth-

ers would become too warmly attached to their babes to part with them, while the little one, thus ministering to finer instincts of her nature, would serve to keep the mother from sinking into a life of shame.

February 11th. I was called hurriedly to the ward and found the patient in a rigor, accompanied by a marked congestion. Her temperature was 102° , respirations 36, and pulse 156. She was given opium, digitalis, and whisky. The temperature rose rapidly until it reached 105.2° . The nurse was ordered to put ice on the patient's head, and cold cloths to her chest and abdomen. An intra-uterine injection was given at once, and the temperature fell in about one hour to 100° . Examining the chest, I found dullness over the inferior lobe of the right lung. The patient had a hard, dry cough.

February 12th. Her condition was growing worse. More of the lung was involved. Dry cups were applied to her back. Her temperature remained at about 103° . In the morning her pulse was 132, and her respirations were 48, and very labored. The patient took a considerable quantity of milk and whisky, and dram doses of the aromatic spirits of ammonium every two hours until six were taken. Her tongue and lips became very dry and cracked. In the afternoon she had a temperature of 103.6° , a pulse of 156, and respirations 54.

February 14th. The patient was sinking rapidly. The breathing was so labored and sweating was so profuse that I did not take the temperature. In the morning the respirations were 68. Her pulse was incompressible. The patient became unconscious and died at 3 P. M. on the eleventh day of the fever.

General remarks concerning the endemic may be made under four heads, as follows: (1) What was its Cause? (2) Points Noticed. (3) Treatment. (4) Diet.

THE CAUSE.

1. It has been customary to expect, in the hospital, an annual outbreak of fever during the winter or early spring. In looking into this subject I find several probable reasons for this phenomenon. (*a.*) The ward is necessarily less aired during cold weather than in the warmer seasons. (*b.*) The surgical ward is situated just beneath the lying-in ward, and is in direct connection with it by a dumb-waiter. (*c.*) The patients awaiting delivery assist in the laundry, and may easily carry any infection that is in the house into the lying-in ward. (*d.*) There

is a larger number of patients in this ward during the winter and spring than at other times.

2. Just prior to this outbreak we had measles and erysipelas in the hospital.

3. Just a few days before the fever began a uterine fibroid was removed from a patient by means of an ecraseur. The operation was performed in the lying-in ward, and the patient remained here for three weeks. A nice point in this connection is that the worst case developed in a patient who was delivered in the bed adjoining that of the patient in question just four days after the operation.

4. Whatever the outbreak was due to, this fact is plain, that nearly every patient delivered in this ward after the removal of the uterine tumor had the fever, as evidenced by high temperature, abdominal pain and swelling, accompanied by nervous symptoms. The ward was shut up on February 14th. The patients were transferred to the Female Medical Ward. The obstetric ward was then thoroughly aired, cleaned, disinfected and painted, and the bedding boiled. The old mattresses were replaced by new ones, and the iron bed frames washed with a solution of carbolic acid. The opening of the dumb-waiter was closed. The ward was reopened for patients on March 2d. Since then there have been six patients delivered, and but one of these had a temperature ranging above 99°. This was found to be due to the os uteri's becoming plugged. When the obstruction was removed the temperature soon returned to normal.

POINTS NOTICED.

1. There was not much swelling, pain or tympanites in the abdominal region in any of the cases.

2. The temperature ran high during the whole attack, with something of an exacerbation at about 5 P. M. daily. In some cases the temperature was very irregular, running up and down.

3. Respiration was always hurried. The pulse was rapid, nervous, and weak.

4. The symptoms pointed to septo-pyemia. The joints generally were affected.

5. There was great tendency to hypostatic pneumonia.

6. When, under use of sponging, cold-pack or ice-cap, we reduced the temperature below 103°, we nearly always had rigors and great depression; the temperature quickly rising upon the discontinuance of the antipyretic, always going above the highest point registered prior to its use.

7. Most cases began with a rigor.

8. The lochial discharge gradually subsided.

9. There was little trouble about the genitals.

10. The breasts became dry in all except two cases.

TREATMENT.

1. In the onset, when the temperature was high, tincture of aconite in drop doses was tried, but the drug was found to do more harm than good. It was abandoned after trial in the first case.

2. Tincture of digitalis in dram doses acted well in delirium. Smaller doses were used as a heart tonic.

3. Quinine was exhibited in large doses both as a prophylactic and as an antipyretic. It failed in two cases.

4. Salicylate of sodium was tried in the cases where quinine failed. In thirty-grain doses three times a day it controlled the temperature, but brought on such severe sweating and dangerous depression as to lead to its total abandonment.

5. Intra-uterine injections of weak solutions of permanganate of potassium and bichloride of mercury had a very gratifying effect both in lowering the temperature and in removing the disagreeable odor from the discharge. Dr. Cecil and myself now think that we made the mistake of not using the injections often enough.

6. Obstinate vomiting and constipation were both relieved by powders containing the tenth of a grain of calomel and five grains bicarbonate of sodium.

7. Opium was used as needed to control rigors and pain, and to give sleep.

8. Aromatic spirits of ammonium was beneficial in some cases.

9. Elixir of iron, quinine, and strychnine were used as tonics during convalescence.

10. Muriated tincture of iron was tried in one case to combat waste, but it upset the stomach and therefore could not be employed to advantage.

DIET.

The diet was generally restricted to milk and whisky. In some cases soup or gruel was substituted for the milk. Buttermilk in several cases was preferred, and acted better than sweet milk.

LOUISVILLE.

CASTOR OIL is said to be the most satisfactory lubricant for catheters.

SUICIDE IN RELATION TO INSANITY.*

With some Remarks upon the Methods adopted by
Self-murders during the Last year in
the City of Louisville.

BY J. CLARKE M'GUIRE, M. D.

In the following remarks the term suicide is used as synonymous with self-murder only, and not as it is recognized in law, that, to constitute suicide, the person must be of years of discretion and of sound mind. Self-murder in its relation to the mental condition of the individual at the time the act is committed is a subject that seems to be almost entirely ignored by medical writers, but it is certainly one in which the profession should take some interest, especially those who believe that in the great majority of cases there is a close relation between the desire to end one's life and certain diseases of the brain. It is of interest in this respect, not only from a medico-legal stand-point, but for the purpose, when possible, of relieving the memory of some fellow-being from the odium that always attaches itself to the victim.

The subject of death and future life is of such absorbing interest, and withal surrounded with such mystery, that the greatest intellects have been unable to penetrate the veil. Though we may regard life as merely "a walking shadow," it is scarcely possible to conceive the mental faculties of an intelligent being so perverted, so destitute of all moral sense, that he would attempt self-murder. Does not the very desire to end this life exhibit in the person a perversion of the mental faculties bordering upon true insanity? It is impossible to draw the line where sanity ends, and insanity begins, or even always to tell whether a particular person is sane or not. Hardly any one is at all times rational as to his perception of objects; the brain is such a delicately adjusted organ that it may easily become disturbed. Lord Byron, according to his own testimony, was at times visited by phantoms. Sir Walter Scott says he saw the spirit of the dead Byron. Examples of many other noted personages who suffered from hallucinations could be given.

Prof. Wm. Hammond defines "intellectual insanity as being characterized by the existence of delusions; emotional insanity characterized by uncontrolled or imperfectly controlled predominance of one or more of the emotions; volitional insanity,

in which there is an inability to exert the full will power." Delusions, he further says, to be indicative of insanity, "must be contrary to the customary mode of thought of the individual." Either one of these types of insanity may suddenly manifest itself; while under the influence of the delusion self-murder or homicide may be committed, according to the character of the delusion. As all these forms of insanity are said to have some disturbance of the mental faculties, in the case of homicide we can judge somewhat of the mental condition of the individual at the time the deed is committed; but, as this is impossible in the case of suicide, we are more inclined to attribute the act to the evil disposition of the person than to a disease of the mind that would render him unaccountable for his acts. The law is more lenient in this respect, as it discriminates between acts performed while under the influence of temporary emotional insanity and those committed after due reflection.

It is well known that suicidal impulses may develop suddenly from emotional insanity, as a result of a fit of anger or jealousy. As an illustration I will mention a case which I saw a few years ago. A young lady in perfect health, mentally and physically, received a visit from her fiancé; while conversing with him, a dog that belonged to the gentleman's former wife jumped in her lap. She ran out of the room, and when her mother saw her, a few moments later, she found her insane and expressing a desire to die. We hear that subsequently little hope was expressed of her recovery. If she had ended her life then and there, it would have been regarded as an act of a perfectly sane person.

In volitional insanity a desire to end one's existence suddenly flashes across the mind and is immediately carried out, even though the person resist so far as is in his power. Knowing all this to be true, how can we pretend to say that an individual was not insane at the time he committed suicide. It is well known that a moral or physical shock, or any disease that seriously affects the constitution, may affect the patient's mind to such an extent as to lead to some form of insanity, with tendencies to self-murder. Again, it is said, "whatever appears as phthisis, syphilis, epilepsy, chronic alcoholism, in the antecedent, may so weaken the brain that actual mental aberrations develop in the descendants as a rule, and that it may have its origin one, or even two or three

*Read before the Louisville Medico-Chirurgical Society, March 20, 1885.

generations back." Considering all this, and that the proportion of the insane to the sane, in the civilized world, is said to be as one to five hundred; that suicide as well as insanity is rare among barbarous races; that insanity occurs more frequently at the age in which the faculties are most developed and the passions most strong, between twenty-five and forty, as does the tendency to self-murder; that the number of suicides really committed must be far more numerous than those which appear in official documents; that, in many cases, the causes that have led to the act are too trivial, too foolish, to allow a sane man to point a pistol at his head while dictating some ridiculous letter to the newspapers; there is surely some foundation for the belief that he who commits self-murder, in the great majority of cases, is truly insane at the moment the deed is done, and there is no wonder that we can scarcely read a daily paper without noticing accounts of one or more poor souls who have sought the way to "dusty death" by their own volition.

Statistics show that, of all European countries, Saxony is the one where suicide is the most frequent. In 1884 they amounted to 2,004—1,081 males to 923 females. In England, in 1882 there were 1,965—1,446 men and only 519 women. In the United States, deaths from this cause were less, in proportion to the population, than in any other country, namely 842; of this number 155 were females. In the city of Louisville, during the year 1884, there were twenty-two suicides; of these three were females.

It will be seen by these figures that a much greater proportion of men than women end their own lives. In Saxony, the proportion of females to males is about as 1 to 1.17. In England, 1 to 2.7. In this country, 1 to 5.5. In Louisville, 1 to 7. This preponderance of male over female suicides may be explained on the theory of the relation of suicide to insanity—according to Prof. Wm. Hammond, insanity is more frequent in the male—or by the dissimilarity of the habits and occupations of the sexes; and the greater mental strain that men, as a rule have to undergo. In fact, statistics show that the female has a greater tenacity of life. This is even exemplified among the inferior animals; of insects, the male perishes first, female quadrupeds have more endurance than the male. In the human race the female can endure pain and suffering to which a strong man would succumb; about three per cent more

males than females are born, yet there is six per cent excess of females in the present population of the civilized world.

The favorite method of committing suicide in Louisville seems to be by a ball through the brain. Out of twenty-two cases nine ended their existence in this way. That this method should be adopted in preference to all others is probably due to a mistaken idea that a wound of the brain causes almost instant death; but the fact is that even the worst injuries of the brain (according to Erichsen) are rarely immediately fatal, and seldom kill outright. There are recorded many remarkable recoveries from injuries of this organ, among others may be mentioned that of an officer who lived about seven years with a breech of a fowling-piece, weighing three ounces, in his forehead and resting on the brain.

Death by hanging comes next in preference, and if skillfully executed is probably the most certain and least painful method; the blood soon soaks the brain and deprives it of consciousness; the muscular agitation observed in such cases is probably caused by reflex action from the spinal cord. Three deaths out of the twenty-two were caused by poisonous doses of opium or some of its preparations; this poison is preferred, no doubt, on account of its being so easily obtained, and its qualities being so well known; death, resulting from large toxic doses, is usually very sudden, drowsiness followed by deep sleep and death, if not relieved by appropriate treatment.

A case that occurred in my practice will very well illustrate how painless and how sudden death may be from this cause. A hospital steward, United States army, dressed himself in full uniform, walked out to an ice-house some half mile distant, climbed in the window, lay down on the straw, and then deliberately swallowed about an ounce of Magendie's solution, which amount contains sixteen grains morphine. When found his arms were folded across his chest and to all appearances he was peacefully sleeping off a drunken spree; death must have been painless and loss of consciousness and motion must have very soon supervened. Two persons out of the twenty-two cut their throats. It is not astonishing that a greater number do not succeed in ending their lives in this manner, as usually the mistake is made of supposing the opening of the wind-pipe is that which causes death; when death does occur it is from the wounding of the large blood-vessels in the neck.

Only two deaths were caused from drowning. This is surprising, as there is a popular belief that death by this means is painless. There may be little physical pain, but the sense of utter helplessness, the water gradually closing over you, the ringing in the ears, the throbbings of the temples, the suffocation, must be a source of great mental anguish. Those cases of deliberate suicide wherein the victim thinks to persuade the world that he was perfectly sane when he committed the act, as in the case of the Frenchman who took poison and then calmly sat at a table and wrote every two minutes of his sensations and the effect the drug was having upon him, to me seem only to prove a diseased mind, or in other words, insanity.

In conclusion, it may be observed that if it is possible for a rational being to commit self-murder, how fearful must be the sufferings or how great the misfortunes of his life if he could calmly think of exchanging it for the

“ . . . Grave, the deep, damp vault,
The darkness, and the worm!”

LOUISVILLE.

Miscellany.

A NEW SALT OF COCAINE.—Dr. L. Conner, (Detroit Lancet,) says that he has been experimenting with a new salt of cocaine. It is a combination of hydrobromic acid with cocaine. It appears as slender translucent crystals of snowy whiteness. On experimenting with a four-per-cent solution it was found that anesthesia of the eye was produced more rapidly than with any of the other salts of the alkaloid, and that its effects were greater from the same amount of solution used. Dr. Lyons, chemist for Parke, Davis & Co., was led to make this combination in the hope that the sedative properties of bromine would increase the anesthetic effect of the cocaine. Further observations are needed to verify the results obtained by Dr. Conner, but the combination would seem to be a most happy one.

THE TREATMENT OF SECONDARY SYPHILIS. Mr. Armand Bernard, in the Medical Press and Circular, says that the early use of small doses of mercury in secondary syphilis has been his plan of treatment for several years. It is commenced prior to the appearance of constitutional manifestations; and he finds

that the induration accompanying the initial lesion is often favorably influenced by early constitutional treatment. The preparation he prefers is hydrarg. c. creta, in two-grain doses night and morning, combined with two grains of Dover's powder. Cleanliness of the mouth and teeth should be insisted on, as by so doing salivation can often be prevented.

DR. HEPBURN, in the Independent Practitioner, says that teeth can be extracted without pain in the following manner: The tincture of purified extract of cannabis indica is diluted with from three to five parts of water; this is applied to the gums by rubbing with the finger dampened with the solution. The forceps are also dipped into the solution before applying them to the teeth.

At the coming meeting of Medical Editors in New Orleans, Dr. Henry O. Marcy, of Boston, will read a paper on the Legislative Establishment of Medical Examining Boards in America. Journalists and authors are especially requested to be present and take part in the discussion.

CHOLERA.—The Appropriation Committee of the Illinois Legislature has decided to put in the General Appropriation bill a clause for \$40,000 for the State Board of Health, as a contingent to be used in case of an outbreak of cholera.

DR. EDWARD T. ELY, a brilliant young specialist of New York City, formerly resident physician in the Charity and Presbyterian Hospitals, and recently the associate of Dr. D. B. St. John Roosa, died on the 12th instant.

THE Indiana State Medical Society will hold its next annual meeting in Indianapolis, commencing Tuesday, May 12th, and continuing three days.

THE American Neurological Association will meet in New York City on Wednesday, the 17th of next June.

CHOLERA has reappeared in Spain, prevailing to a considerable extent in several localities.

THE Illinois State Medical Society meets this year at Springfield, on May 19th.

THE American Journal of Neurology and Psychiatry has been discontinued.

The Louisville Medical News.

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A STUDY IN HORSE-FLESH.

The *Lancet* of the 4th instant calls attention to a statement recently published in England to the effect that horse-flesh is being sold in large quantities to the poorer inhabitants of Manchester under the name of "beef steak;" and further, that many of the slaughtered animals are believed to be diseased. The sanitary aspect of the case is treated by the editor as follows:

The question as to how far the consumption of the flesh of diseased animals may be carried without injury is one which can not yet be answered with exactness. Probably it never will be. It is obvious, notwithstanding, that such meat can never be relied upon to furnish the same nutriment as that of a sound, well-fed animal; and again, that so long as the muscular tissues are traversed by the same organic fluids as the seats of disease—especially if the latter be contagious—they can not be eaten without risk. A partial security is afforded, no doubt, by bleeding the carcase efficiently, by using as food only the muscular tissues, and by thorough cooking. None of these, however, can do more than mitigate the probable ill-effects of such hap-hazard feeding, and the danger thus incurred is proportionately enhanced by the fact that many of the poor, upon whom such fare is apt to be foisted, content themselves with eating the liver and other viscera, which are particularly apt to suffer from infectious processes within the body.

The eating of horse-flesh is a custom of great antiquity with many pagan peoples; for instance, it was a common practice among the hordes of Northern and Western Europe, and was doubtless a great resource to these barbarians, especially during long marches and in time of war, since the animals killed in battle or by overwork upon the march could be turned to good account as food for the men, serving, in places where plunder could not be had, to keep the hordes in marching trim.

Hippophagy appears to be quite as old as the religious prejudice which displaced it, and while we are ignorant of the grounds upon which the eating of horse-flesh was forbidden in the Jewish economy, or why the law was regarded as binding among the Christians who converted the barbarians of Northern Europe, this much is plain, that after his conversion horse-flesh would no longer go down with the reconstructed savage. From the time when the Teutons and Celts renounced idolatry for Christianity down to the beginning of the present century, when a very large percentage of their civilized descendants had renounced Christianity for the Baalim of utilitarianism and nihilism, horse-flesh, except in beleaguered towns, formed no part of the gastronomic equipment of the European. This is big with meaning to him who reads aright; and may be made to do logical service for or against the custom, according to the bias of the logician.

Slowly, and in spite of powerful prejudice, the new diet was introduced among the people of France, where, gaining favor more and more, it has become after many years one of the important food resources of the land.

From France as a center the appetite for mule-tail soup and colt's-foot jelly spread rapidly over the continent, till now nearly every place of importance can boast of shambles for the exclusive sale of the favorite food of the ancient Gaul, Slav, and Teuton, to say nothing of the "furious Frank and fiery Hun."

John Bull and his children over the sea, however, have had their doubts as to the good taste of the fathers, and up to this time have met the continental proposition to taste the tempting viand by an inversion of peristaltic action in the upper section of the alimentary tube.

At last, however, the custom seems to have made a landing in Britain. Whether it will find favor with these best beef-eaters of the world remains to be seen. But if the *Lancet's* surmise be sustained by facts, and unsound horse-flesh is sold at Manchester under the cover of a pseudonym, it is certain that the progress of hippophagy in England will receive thereby a serious check. Sanitary officers have doubtless ere this taken in hand these dealers in equine pathological anatomy, undeceived the buyers, punished the sellers, and broken up the business.

The horse-eating craze has not yet reached America; but its coming, like cholera's, is only a question of time (a short time in all probability), and there is good reason why we should get ourselves in sanitary readiness for its reception. Indeed, there are among us to-day a few thoroughbred hippophagists, eloquent in tongue and pen, who look upon the natural death of every crow-mortgaged old plug as a robbery of the commonwealth, and insist that the superannuated hacks of the city drays, and so-called express wagons, shall be fattened, slaughtered, and dished up as food for the people.

Now, while we have taken good care in this article not to commit ourselves to either side of the question, being willing to admit that horse-flesh, fed, killed, and served under like conditions, may be equal in savor and nutritive power to beef or mutton, and probably superior to dog, which is esteemed a delicacy in some parts of Germany, we must enter protest against the slaughtering of horses for food in this country until our sanitary regulations are framed to meet the many exigencies of the case and their execution guaranteed by proper authority.

On the continent of Europe the slaughtering of horses for food is done under the most rigid regulations of official inspection, a supply of healthy meat being guaranteed by the Government to the people; and in England, should John Bull ever hanker after horse flesh, 'twould be the same. But under the lax or no legislation of many of our States upon the hygiene of food, there would be nothing to keep the dishonest owner or dealer from turning over his halt, maimed, impotent, diseased, and dilapidated jades to the butcher, who might sell the flesh for beef to the poor and unsuspecting purchaser, even if he did not gull the worldly-wise and wealthy.

The result, though prejudicial to public health, would doubtless be far from unmixed evil in the eye of the optimistic hippophagist, especially if he be (and he often is) a veterinary surgeon. It is true that the buzzards and crows would cry in vain for their wonted food, and the glue factory would abate much of its effusive sweetness and picturesqueness of environment, but the slaughter pens would be fine fields of study for the practical pathologist, while not a few vexed questions relative to the reproduction in man of diseases peculiar to the brute might be settled for all time.

Bibliography.

- A Practical Treatise on Massage; Its History, Mode of Application and Effects, Indications and Contra-indications, with Results in over Fourteen Hundred Cases.** By DOUGLAS GRAHAM, M. D., Fellow of Massachusetts Medical Society. New York: William Wood & Co. 1884. For sale by John P. Morton & Co.

It can not be said that the reader of this work is misled by its title. This will be considered no unmeaning compliment if the title is attentively read. Taking up its history first the author shows that massage was a favorite surgical manipulation in the earliest times of which we have any record.

He thinks that it is as old as mankind itself; a parity of reasoning would, we think, trace it back to or even beyond the "ape-like ancestor," who, like his modern repre-

sentatives, probably "rubbed the place to make it well."

It is certainly instinctive in man to press and rub a painful part, and equally certain that the morbid state is measurably subdued by the manipulation.

From Homer and Hippocrates at the beginning of literature down to Weir-Mitchell and Billroth, massage has found many writers to extol its virtues. These are quoted liberally and commented on by Dr. Graham in a way which shows that he is remarkably well up in his reading. From the crudest empiricism it has been developed to the point of being a therapeutical specialty with physiological and pathological sanction. It takes twenty-seven pages to explain the mode of applying massage, though Dr. Mitchell gives only one page to the same purpose. It is not a bad thing for a man to magnify his office when he is engaged in making the details of his functions clear to the ignorant inquirer.

The reader will not complain that so much space is devoted to what, after all, is the kernel of the volume. One gets the impression not only that massage is a thing often worth doing, but also that it is worth doing well. A chapter on the physiological effects will help to satisfy the scientific mind of the rational basis of the method. Then follow well-arranged and well-written chapters concerning the method and results of massage in nervous exhaustion and anemia of women; in diseases of the uterus and its appendages; in diseases of the liver, stomach, intestines, and peritoneum; in affections of the nerve centers; paralysis, atrophies, chorea, writer's cramp, neuralgia; in muscular and joint rheumatism, and other joint affections.

Not the least interesting chapter is the one which deals with "Bone-setting," in which that curious phase of empiricism is set forth in its true light. What is not quackery is shown to be an imperfect application of massage. We confess we were hardly prepared for the favorable results given in the reports of cases of corneitis, cataract, and other organic maladies of the eye. While we can not on good grounds impugn the evidence given, we can hardly escape the suspicion that a strict criticism of it would show that other agencies contributed in great degree to the cures reported. We hope that time may confirm the author's high opinion of the agent he makes so much of; but the truth will at

length be reached only by a study of it on the part of those who use it in the spirit of a person not intending to practice it as a specialty. Recent writers of note have found that massage is not the unmixed good that Dr. Graham would have us believe. Their opinion is entitled to more weight than he concedes.

J. W. H.

The Hip and Its Diseases. By V. P. GIBNEY, A.M., M.D., Professor of Orthopedic Surgery in the New York Polyclinic; Assistant Surgeon to the Hospital for the Ruptured and Crippled; Fellow of the New York Academy of Medicine, etc. New York: Bermingham & Co. 1884. For sale by John P. Morton & Co.

The title of this work will at once take the eye of the surgeon, especially if he has had any experience in joint surgery, and coming from the pen of a man of Dr. Gibney's experience and noteworthy thoroughness as to detail in every thing he writes, will be read with great interest.

The book is founded on thirteen year's experience in the Hospital for Ruptured and Crippled, New York, the largest institution of its kind in America, and the reviewer, who spent two years as an interne of the hospital, can vouch for the careful and conscientious methods by which records of work done in this institution are kept. Dr. Gibney's motto is, "Get at the bottom of every case; and when it is reported, see that facts only are stated."

The fact that as a rule the general practitioner calls any and every trouble that is found about the hip "hip disease" is well known to the specialist, who is often called on to cover up or remove an unhappy impression from the minds of the parents of a child referred to him as the subject of serious bone disease, which turns out upon examination to be a case of rheumatism, infantile paralysis, cellulitis, hysteria, or some other condition in which disease of the bone plays no part.

When the general practitioner reads Gibney on The Hip, he will doubtless say that "there is too much detail;" that the work is too voluminous, the author often devoting a page to what might be said in a few lines, etc.; that he is at too much pains to bring the differential diagnosis down to a fine point; or that it is unnecessary to make so much ado about so simple a thing as hip disease. After quite a large experience, the reviewer would advise every general practitioner who can get this book to read

it carefully, as it is particularly addressed to him. There is no more important subject in all the field of surgery, and none where detail as to signs and care in diagnosis, prognosis, and treatment are more imperative.

The work of the engraver and printer, though good in this edition, can, and doubtless will, in the new one which must soon follow, be made more worthy of the valuable subject-matter of the text. AP M. V.

Dr. Seguin's Metric Prescription Book. New York and London: G. P. Putnam's Sons. The Knickerbocker Press. 1885.

This book is a pad of prescription blanks designed to encourage and facilitate the employment of the metric system in prescription writing by the profession.

Each blank has vertical lines so arranged as to give a separate column for each decimal degree, the words gram, centigram, and milligram being printed each at the head of its appropriate space. By this arrangement no mistakes save those chargeable to criminal stupidity can occur.

Above each page is ample space for preserving a copy of the prescription, the copy remaining in the stub after the prescription is detached. On the reverse side of each page is space for notes of the case, a cogent argument in favor of the speedy adoption of this method of writing, and six approximate metric equivalents for the more common old style quantities.

The whole is a praiseworthy effort to popularize the metric method of dosage and prescription-writing. Such efforts ought constantly to be made, but the new system will have no permanent hold upon the profession until the old is discarded from medical books and colleges. So long as students are taught the posological table in the English system, so long will the metric system be to them as a foreign language, into which, if they use it at all, the equivalents of the former must be translated; and since this can never be done accurately the sense of uncertainty soon becomes too oppressive for the average doctor, who drops the new system and resumes the old. As for the old or middle-aged doctor, he can not be expected to make the change, and any law which would force him to adopt a system of writing so foreign to his fixed habits of thought would submit him to endless annoyances, and place his patients in needless peril.

Θου λαυστ νστ τεαχ αν ωλλδ δογ νευ τριξ.—Σοκ.

Osteotomy and Osteoclasia for Deformities of the Lower Extremities. By CHAS. T. POORE, M.D., Surgeon to St. Mary's Free Hospital for Children; Member of the New York Surgical Society, etc. New York: D. Appleton & Co. 1884. For sale by John P. Morton & Co.

With much pleasure and great profit has the reviewer perused this book, of which it can truly be said, *multum in parvo*. The author has not only given the reader his own valuable experience in this class of surgical procedures, but has condensed into his pages a review of all the literature extant on the subject. The work is therefore invaluable as a book of reference to any surgeon who is called upon to break a bone for any reason by any of the different methods in vogue.

Four or five years ago when the reviewer met his first case requiring osteotomy, he could find no book which gave any detailed account of the procedure, and was obliged to work without authoritative guidance. After quite a large experience in this line of surgery he is ready to agree with Dr. Poore that a properly constructed chisel, such as he describes, is by far the best instrument to be used. He disagrees with the author as to the application of osteoclasia, and thinks that where the bone or bones can not be broken by the intelligent application of force through the hands of the operator and assistant osteotomy is to be preferred, since he has never seen an instrumental osteoclasia without more or less injury to the soft parts.

The work should be carefully studied by every man contemplating surgery of this kind, since it gives in detail all directions essential to his guidance in every possible exigency. The volume is beautifully printed and well illustrated. AP M. V.

Open Letter from Dr. Edward W. Jenks to Dr. N. Davis, Editor of the Journal of the American Medical Association.

Proceedings of the State Board of Health of Kentucky. Quarterly meeting held at Louisville, March 16 and 17, 1885.

Preliminary Report on Disinfection and Disinfectants, made by the Committee on Disinfectants of the American Public Health Association.

Thirty-ninth Annual Announcement of Starling Medical College, together with catalogue and order of College and Hospital Exercises for session of 1885-6.

Forty-second Annual Report of the Managers of the State Lunatic Asylum at Utica, for the year 1884. Transmitted to the legislature, January 13, 1885. Albany: Weed, Parsons & Co., Legislative Printers. 1885.

A Guide to the Diseases of Children. By James Frederick Goodheart, M. D., F. R. C. P., Assistant Physician to Guy's Hospital; Lecturer on Pathology in its Medical School. Revised and edited by Louis Starr, M. D., Clinical Professor of Diseases of Children in the Hospital of the University of Pennsylvania; Physician to the Children's Hospital, Philadelphia. With formulæ. Philadelphia: P. Blakiston, Son & Co. 1885. For sale by John P. Morton & Co. Cloth, \$3; sheep, \$4.

Micro-Chemistry of Poisons; including their Physiological, Pathological, and Legal Relations, with an appendix on the Detection and Microscopic Discrimination of Blood: Adapted to the use of the Medical Jurist, Physician, and General Chemist. By Theodore G. Wormley, M. D., Ph. D., LL. D., Professor of Chemistry and Toxicology in the Medical Department of the University of Pennsylvania. With ninety-six illustrations upon steel. Second edition. Philadelphia: J. B. Lippincott & Company. 1885. For sale by John P. Morton & Co. Cloth, price \$7.50.

Societies.

LOUISVILLE MEDICO-CHIRURGICAL SOCIETY.

Stated Meeting April 3, 1885.

Dr. Ewing Marshall read a paper on an Endemic of Puerperal Fever. (See page 257.)

Dr. Cottell: From the very low death-rate in the cases reported by Dr. Marshall, one in eight, the idea that possibly these were not all cases of puerperal fever presents itself to my mind.

Dr. Cecil: I can not say positively that all these cases were really cases of true puerperal fever, as all the patients were not under my observation, and some important symptoms were either absent or only slightly marked. All of the patients had fever, and in some the fever was high without any of the ordinarily assignable causes of elevated temperature being obvious. Peritonitis and such allied troubles were absent in almost all the cases. Nearly every case had tympanites. On account of the endemic the

wards were closed, thoroughly cleansed and whitewashed, and since then there has been no more trouble of the kind. In one case harm, I believe, was done by the administration of salicylic acid in thirty-grain doses three times a day. From the action of the salicylate in this case I am convinced that the drug is so dangerous that in the future I will never have recourse to it unless the heart be strong.

Dr. Cottell: With regard to the use of salicylate of sodium it is my belief that in large doses it is very decidedly injurious when there is a tendency in the case to cardiac weakness. For this reason its use, as an antipyretic in all fevers of the asthenic type, should be discouraged.

Dr. Wilson: It has long been my habit to use intra-uterine injections in all cases where, after delivery, there is an offensive discharge, and I have found that where in such a case there is an elevated temperature that it is invariably lowered thereby. One case especially I remember, where, after a very difficult instrumental delivery, there was very high temperature with offensive discharge. The temperature was lowered by each intra-uterine injection. The effect of treatment was so obvious that I believe the patient's life was saved thereby. One tablespoonful of a solution of permanganate of potassium, \mathfrak{zj} to aq. \mathfrak{zvj} , was added to a quart of water and used as an injection every four hours day and night.

Formerly I resorted to intra-uterine injections in almost every case, but of late I have adopted the plan of only resorting to them when some untoward symptom occurs, making such a course necessary. I always use a double tube so as to facilitate the return of the fluid used, and have never had any bad effects to follow such injections.

Dr. Clemens: Puerperal fever, I believe, is a specific disease due to the presence of a specific organism, and characterized by high fever. A physician having one case, unless he use the greatest caution, is very apt to carry the disease to other patients, even though there be no traumatism.

In my opinion a great many cases of traumatic fever are called puerperal fever, the traumatism being present under the form of lacerations of the cervix, the fourchette, sloughing of the vaginal walls, etc. The organism which causes this disease has never yet been isolated, but I believe it to be a specific organism differing from all other organisms with the possible exception of that of erysipelas.

It appears to me that patients who have suffered severely from hemorrhage are more liable to puerperal fever, just as in surgery such patients suffer most from septicemia.

In treating such cases I think it would be advisable to keep the vascular system full by the administration of fluids of any kind, so as to establish in the system rather an attempt at elimination than to favor absorption.

For the same purpose I resort to the use of jaborandi, believing it acts on the mucous membranes just as it does on the skin.

Dr. von Donhoff: The cause of this disease is the retention of clots of blood, portions of the membrane, etc., in the cavity of the uterus, there remaining and undergoing decomposition, thus infecting the system.

By the removal of these decomposing matters much good is done. Puerperal fever is exactly the same thing that occurs daily in surgery—the infection of the system from foul wounds.

A very small injury may at times lead to this fell disease—such as a slight cut in trimming a corn. Puerperal fever proper is nothing but septicemia.

Dr. Bailey: The term puerperal fever is doubtless applied to a great variety of diseases. It appears that it is the general tendency of the profession to denominate those fevers accompanied by solutions of continuity in the post-partum state as puerperal fever, whereas, in my opinion, such fevers are in reality cases of septicemia.

It appears to me that a fever to be called puerperal should be accompanied by more peritonitis, abscesses, joint troubles, etc., than existed in the cases just reported. In my opinion it was impossible for these patients to have acquired the disease by visiting the laundry before labor, for I doubt the possibility of a patient acquiring the disease before labor. I am not prepared to state that puerperal fever is a specific disease, but it appears very probable.

If salicylate of sodium be given at all it should be given in thirty-grain doses, and frequently repeated. In serious cases I would not fear to give one half ounce in the twenty-four hours. With regard to washing out the uterus, it is necessary to do this early if any benefit is expected, for after the formation of abscesses infection will go on from these centers.

Dr. Marshall: Cases of apparent infection before labor are mentioned by various authorities.

Dr. Senteney: There is much doubt in

my mind as to whether puerperal fever be a specific fever or not. I have known the disease to be carried to other patients by the hands of the accoucheur, who was at the same time treating erysipelas. It appears to me that it has been customary with the profession to call every fever occurring in the post-partum period puerperal fever.

It is my belief that the poison of scarlet fever, of erysipelas and allied disorders, may cause an outbreak of fever after labor accompanied by high fever, metritis, tympanites, etc. I have never seen a case of puerperal fever without more or less solution of continuity.

With regard to treatment the most important factors are intra-uterine injections and supporting means.

R. MAUPIN FERGUSON, M. D.,

Secretary.

Translations.

THE DEPOPULATION OF FRANCE; THE INFLUENCE OF SYPHILIS ON INFANTILE MORTALITY.*—Another cause more potent still in causing a diminution in the number of births in France is syphilis. That syphilis does diminish to a considerable extent the number of births appears to me to be incontestible. This is evinced by a series of statistics which I have been collecting for several years, and which I desire now to communicate.

In one group I have collected two hundred observations made outside of hospitals, made in private families in which the husband being syphilitic the wife remained uncontaminated. In these two hundred families there occurred four hundred and three pregnancies, yielding two hundred and eighty-eight living infants and one hundred and fifteen dead, either before birth or within a few days thereafter; giving a proportion of twenty-eight per cent. When both father and mother are syphilitic, or even the mother only, the mortality is much greater. Not only do the children have but little tenacity of life, but abortions occur again and again in a most discouraging manner.

It would be easy for me to multiply examples sustaining these views. Among many cases the following is perhaps more typical than the rest: A young couple perfectly healthy with three children all well. At this time the husband has an

*Translated by R. Maupin Ferguson, M. D., from M. Fournier, in *La Semaine Médicale*, of March 4, 1885.

extra-conjugal misadventure; he acquires syphilis and communicates the disease to his wife. After this the wife became pregnant seven times, and these seven pregnancies terminated three times by abortions and four times by the birth of dead children.

The poisonous influence of syphilis on children born under such circumstances is not limited to their intra-uterine life but makes itself severely felt after birth as well, so that we may without fear affirm that scarcely a single infant thus affected will reach the age of one year.

Among forty-four pregnant women suffering from syphilis, under my observation at the Lourcine Hospital, forty-three were delivered of dead children, one only had a living child. We can not attribute such a result to the special locality where the observations were made.

In the city I have been able to collect one hundred syphilitic couples, giving two hundred and eight pregnancies; these two hundred and eight pregnancies yielding but sixty living children, and one hundred and forty-eight dead ones, a mortality of seventy-one per cent. However, in these cases, thanks to their social position, the poisonous influence of the syphilis was considerably lessened by hygienic surroundings, the intelligence of the patients, and by medical attention. Among the poorer classes the mortality of children under such circumstances reaches eighty-six per cent. In certain families syphilis does not limit its action to simply *diminishing* the number of children born alive, but is so thorough in its capacity of annihilator that the family remains absolutely childless.

A typical case illustrating this is reported by M. Ribemont, where a syphilitic woman became pregnant nineteen times and was delivered of nineteen dead children.

These statistics may be charged with exaggeration. It may be said, perhaps, that if the mortality be so frightful it must be due to the fact that I have only had to deal with grave cases, and have not met with mild ones, and consequently that my results are not reliable.

As a response to this objection, I have during several years collected together, in the various journals where I have encountered reports of such cases, all the observations here noted of pregnancy in syphilitic women.

The resulting figures by such a process are furnished to a certain extent by the whole world, and their value can not be contested. In this manner I have collected four

hundred and ninety-one syphilitic pregnancies, giving one hundred and nine living children and three hundred and eighty-two dead children, a mortality of seventy-seven per cent.

Now taking all these cases together, without reference to particulars, and we find that syphilis destroys sixty-eight per cent of all children born of syphilitic parents.

To diminish the influence of such a prime cause of the diminution of the number of births, evidently the first step will be better protection against the acquisition of the disease. This is not an easy matter; however, much more can be done than is done at present. To begin with, it must be demonstrated that syphilis is a much more grave affection than is ordinarily believed.

Syphilis, as I have just shown, is a very serious cause of infantile mortality. Open now the statistical bulletins published every week, giving the number of deaths in the city of Paris, and you will not find a single death reported from this disease.

The prevention of this disease is certainly well worthy the attention of the hygienist; but consult the works of the "Conseil d'Hygiene," and you will find that it has never on a single occasion occupied itself with the subject of syphilis.

M. Bouchardat, the oldest of our hygienists, devotes only a single page of his "*Traite d'Hygiene*" to the prevention of this disease.

M. Proust in a similar work does not even mention the subject.

The city council, it is true, did on one occasion concern itself with this most important question, and even did me the honor to request me to draught a plan for the regulation of prostitution; but since that time I believe they have never reverted to the subject, and my plan quietly sleeps with many others in some retired pigeon-hole in the municipal chambers.

In the mean time prostitution is increasing largely; the number of establishments devoted to this purpose are daily increasing in number, under the form of brasseries, perfume stores, etc., augmenting at the same time the opportunities of running the chances of acquiring the contagion. This is not all yet; syphilis is becoming every day more and more frequent; at the same time syphilitic patients neglect treatment more and more. It lies with the physician to suggest remedies in such a condition of affairs; it is the duty of the physician to explain to patients the necessity of long and persevering treatment, the importance of ex-

exercising proper care of health, not for months but for several years. It is also the duty of the physician to explain to the young the grave consequences which their syphilis may have with regard to wife and children; whenever consulted he should exert his utmost influence to prevent such marriages until a long time has elapsed. A course of energetic treatment extending over three or four years should be considered as barely sufficient to warrant the patient in marrying. This advice is all the more important from the fact that most frequently the physician is made to bear the blame of all accidents resulting from such a marriage.

Selections.

PROPHYLAXIS AND TREATMENT OF CYSTITIS IN FEMALES.—Prof. Küstner, of Jena (*Deutsche Med. Wochenschrift*), says: The most frequent cause of cystitis in females is the carrying in of septic material by the passage of the catheter. Not that it is impossible to pass this instrument without carrying infection, but septic material is very prone to be introduced, especially into the anterior portion where the vesical mucous membrane ends. Insertion of the catheter also often carries vaginal or vulvar mucus or pus, especially in the puerperal state, or after operations. This often causes the origin of troublesome vaginal catarrh. It was observed in Schultze's clinic, that those women who were repeatedly catheterized contracted cystitis in spite of the disinfection of the instruments by carbolic acid. To prevent this, it is necessary to dispense entirely with the instruments now in use, and employ those only which allow of a perfect disinfection.

The instruments made after the author's plan (O. Möcke, Leipzig,) are long glass tubes of the thickness and length of the usual catheter. They have no turn, as this, from the anatomical arrangement of the female urethra, is entirely unnecessary. The opening which is to be passed into the bladder, is cut slanting, edges being quite smooth. Since this catheter has been introduced into the clinic no case of cystitis has appeared which could be said to have its cause in affection through the catheter.

The author observed no case of cystitis under the use of the glass instruments during a long time previous to the giving over of the catheterization to the nurses. The

author says that this instrument should only be used in the clinic, and not given to the midwives in private practice.

Concerning the treatment of vesical catarrh, the author agrees with most writers in saying that it should be mostly local. He considered the different instruments used to wash out the bladder, namely, the recurrent catheter, the apparatus with the T-tube, and lastly, Fritches' method with the gum drainage-tube. He then described the instrument which had given him, so far, the best results. This consisted of an elongated glass funnel, the opening which enters the urethra being quite smooth and having a tube attached with a gland-shaped extremity. The tube of an irrigator is filled with disinfecting fluid and drawn over the knob, a tube is attached and placed in the funnel; with a gum arrangement complete separation between the funnel and the other tube can be made. Formerly the author used a weak solution of carbolic acid with which to wash out the organ, but latterly he uses a bichloride solution 1 to 5000. It is not permissible to inject the bladder oftener than twice a day.—*Nashville Jour. of Med.*

FRERICHS ON DIABETES.—The work of this celebrated clinician is summarized (*Centralb. für die Med. Wissensch.*) thus: The normal amount of sugar in the blood during life is from twelve to thirteen one-hundredths of one per cent. As to glycogen, constantly found in the blood, in inflammatory exudations, in cartilage, in the testes, the liver, the muscles, etc., the author says that it may accumulate in the liver and the muscles after any kind of nourishment, and asserts, in spite of failure of sufficient proof, that the sugar is converted into glycogen. The glycogenous degeneration of the kidneys in diabetes mellitus is mentioned as analogous to this. As to the combustion of the blood sugar, it is found to disappear completely some time after the removal of blood from the body, mostly by conversion into lactic acid; but whether this process goes on within the body can not be proved. The glycogen of the muscles is used up during their activity to form carbonic acid and heat. In the conversion of carbohydrates the liver has thus a two-fold function: on the one hand, glycogen is formed and stored up within it from a part of the sugar brought by the portal vein; on the other hand, glycogen is converted into sugar, and carbohydrates are given back to the blood for the general needs of the vital processes.

There is no evidence of combustion of the carbohydrates in the liver.

If the percentage of sugar in the blood exceed the normal there is glycosuria. Three groups of cases are given.

1. Glycosuria after poisons. It constantly occurs after poisoning by curare, carbonic oxide, amyl nitrite, ortho-nitro-phenyl-propionic acid, and methyl-delphinin. It occasionally occurs after large quantities of morphine, chloral hydrate, hydrocyanic acid, sulphuric acid, mercury and alcohol. Glycosuria after infectious diseases is allied to the above; *e. g.*, cholera, anthrax, diphtheria, typhoid fever, scarlatina, and malaria. In the last disease it was found but once in several hundred cases.

2. Glycosuria from digestive derangements. While as a rule in healthy persons the ingestion of large quantities of sugar does not cause glycosuria, exceptional cases occur, in which even small quantities have this result. Apart from this, glycosuria is found occasionally in connection with gastric catarrh, especially in those of inherited gouty tendency. It occurs chiefly during the intervals of the gouty attacks. Experiments on the introduction of sugar in cases of phosphorus poisoning, cirrhosis of the liver and portal obstruction, gave only negative results as to the presence of sugar in the urine.

3. Glycosuria from nervous derangement. This includes glycosuria after psychic exaltation, neuralgia, cerebral disturbance, and finally by cerebral hemorrhage and cerebro-spinal meningitis.

Diabetes mellitus is distinguished from glycosuria by the appearance of extensive derangements of the tissue changes generally, which lead to general deterioration, to many local diseases, and usually to death. Twelve cases of diabetic cures are given. It often passes into some other grave disease—nephritis, diabetes insipidus, arterial sclerosis, and their consequences. But death is far the most frequent result. Fifty-five cases with the necropsies are reported.

As to treatment he advises a proper mental and bodily diet as of the greatest importance. Carefully conducted bodily exercise is also most beneficial. Milk was found unfavorable. Many alkaline waters were found useful when fresh. Opium was found important, as it lessened thirst, urine, and sugar, and increased bodily weight. Lactic acid had no result and glycerine was harmful. Salicylic acid, salicylate of sodium and iodoform deserve farther trial. Avoid weakening influences and cutaneous irritants.

The increase of sugar in the blood is the essential element of diabetes. In advanced diabetes it is shown that the formation of glycogen in the liver gradually declines, so that the sugar absorbed from the portal circulation passes directly into the systemic circulation. There is as yet no satisfactory evidence of the lessened combustion of the sugar of the blood in this disease.—*Detroit Lancet*.

ERYSIPELAS AS A COMPLICATION OF PREGNANCY AND LABOR.—In the American Journal of the Medical Sciences for January, Dr. G. H. Balleray records two cases of labor with current erysipelas without untoward result. He points out that the management of labor in the case of a woman suffering from erysipelas does not materially differ, other things being equal, from the management of a case of normal labor. The accoucheur should abstain from frequent vaginal examinations during labor; and such examinations as are necessary should be made with *clean* hands. The placenta should, if possible, be delivered by Credé's method; thus avoiding the introduction of the finger or hand within the genital canal. A full dose of ergot should be given after the delivery of the placenta; and the uterus should be gently manipulated until it is *firmly* contracted. In the after-treatment, the nurse should be forbidden to touch the genitals of the patient, without having previously washed her hands thoroughly with *hot* water and soap. The use of antiseptic vaginal injections should be commenced within twelve hours after delivery, and continued as long as there is any indication for their employment.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department of the United States Army, from April 12, 1885, to April 18, 1885:

Brown, Harvey E., Major and Surgeon, leave of absence extended two months. (S. O. 83, A. G. O., April 11, 1885.)

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service for the week ended April 18, 1885:

Yemans, H. W., Assistant Surgeon, detailed as Medical Officer, Revenue Steamer "Corwin," during cruise, April 16, 1885. *Battle, K. P.*, Assistant Surgeon, when relieved to proceed to New Orleans, La., for duty, April 13, 1885. *Brooks, S. D.*, Assistant Surgeon, granted leave of absence for ten days, April 16, 1885.

THE
LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, MAY 2, 1885.

Original.

NOTES ON THE GENESIS OF MALARIA.

A Study in Three Parts.

BY WILLARD HENRY MORSE, M. D.

PART II.

Ever since the time of Sir Thomas Watson it has been said that malaria is movable by the wind. A recent writer has undertaken to measure the distance that malaria will travel. Nature has, however, written exceptions to this rule. Although malaria may be carried by the air currents, yet we all know of localities where the noxious air prevails, and only a short distance to the leeward there is no malaria. Of course this does not go to prove that the germs—if there are germs—are not conveyable, but it shows that an excepted rule is not a perfect rule. Two houses may stand side by side, and while malarial fever has its victims in the one house, in the other no trace of the disease appears. It is reasonable to believe that both houses were filled with malarial air, which was breathed by the inmates of both. Are we to say that there are persons with an idiosyncrasy, who can breathe the poisoned air and still retain health? So has it been written, and the explanation has been by analogy. Says a recent disciple, "One person may fire his blood with alcohol and die, while another may do it with impunity. So with malaria. If a person's system eliminates the poison disease does not ensue." This has a harmonious sound, but it would have been better if such words had never been written. With all due respect to idiosyncrasy, the idea of idiosyncrasy in insusceptibility is of the nature of fallacy. The idea is opposed to the rest of the doctrine. If malarial germs enter the blood of one man and pro-

duce fever, why does not the same result obtain when the blood of another man is alike affected? There may be an answer, but it is not written.

A writer in one of the recent encyclopedias has published the fact that, the clearing off of woods almost invariably causes malaria to appear. I find that many physicians believe this; but is it the truth? In some localities malaria may have appeared simultaneously with the destruction of a forest; but how often are forests cut down and there is no manifestation of malaria! Is there proof that the cutting of the woods causes the disease to appear? Why not have proof before a rule is written?

In England it is commonly said that "a certain elevation of temperature, moisture on or near the surface of the ground, and the presence of decaying vegetation, combine to cause the production of malarial germs." I have already alluded to the mistaken idea that a temperature of 60° F. is essential to this production. Equally as absurd is the theory that vegetable decomposition has to do with the breeding of the hypothetical germs. On this point, Flint—a man not inclined to be skeptical—says: "But that something more than ordinary vegetable decomposition is requisite for its (malaria's) production is sufficiently proved by the disease being indigenous in certain localities, whereas, in certain districts and countries in which vegetable decomposition must take place abundantly, the disease never occurs. If produced in connection with vegetable decomposition it depends on incidental circumstances peculiar to certain localities." In regard to the influence of moisture, doubts have also arisen. Instead of being a constant accompaniment of the malaria, moisture would seem to be only incidental, and not by any means essential to the foul evolution. With fearful virulence malarial

fevers rage not only in the upper provinces of India, all summer long parched by drought, but as fiercely on the arid Oösterhout plains of Holland, on the burning silt sands of Walcheren, in the heath districts of New Mexico, and in the rainless Alentejo land of Portugal. On the Agueda River of Spain, when the land on either side has become as dry as the pavement of a city street, there arise fevers of such malignant type as can not be matched except by those common to the inhabitants on the borders of the Guadiana, who are not free from them until the return of the periodical rains. On the other hand, some districts that are invariably moist are not malarious. The peat-bogs of Ireland are completely free from malarial fevers. The Dismal Swamp of Virginia, a moist tract of 150,000 acres, is perfectly healthy so far as malaria goes, intermittents being never known among the inhabitants in the adjacent country. Yet, in contrast, it may be said that in North Carolina, fifty miles from this swamp, the malarious influence is most potent.

In connection with the case of the Dismal Swamp, others not unlike it may be cited to aid in the overthrow of the theory that intermittent fevers are, in a manner, endemic on the borders of every marsh. I have in mind, as I write, a marshy swamp, so marshy that the air on its borders is oppressive in the summer, and the adjacent districts are each morning bathed in its fogs—yet malaria is a stranger to that vicinity. This I know from personal experience, having long lived within gun-shot of the swamp, and never having seen a case of malarial fever near it. On the other hand, I sojourned a few years ago in the region of many swamps in Southern New Jersey, where the natural features were very like those of the swamp of which I have just spoken, and there saw some of the worst cases of remittent fever that I have ever treated. The Pontine marshes in Italy have for centuries possessed the infamous celebrity of being deadly malarious, yet there are other marshes in Austria that resemble these very much, and still are as free of malaria as the most salubrious districts of that State.

Time also demands credit. If a locality was healthy fifty years ago, and is now malarious, where is the fault? According to the hypothesis, if a place is healthy it will always remain so, provided the natural features of the district remain unchanged;

and if a place is malarious it will always be malarious if left in the hands of nature. Yet nothing is more utterly fallacious. In the primitive woods of the Great Everglade of Florida less than a century ago the wild beast hid in his lair, and the huntsman dared not venture there because of the deadly character of the fevers that assailed those who were gifted with such rashness. Now, in the same locality, the farmer tills the land and fells the wood. Formerly the rice-fields of the Carolinas were known as beds of malaria, and strangers dreaded their influence as they do that of the Indian jungle. A recent authority states that there is now very little malaria there, yet the plowing of the fields, and other processes of cultivation are almost precisely the same as they were more than a century ago, when the first seeds of rice were there sown.

But the other aspect of the question deserves to be looked at. It is only recently that malaria has appeared, or reappeared, in the valley of the Connecticut, and all through the valley it has rapidly spread. A century and a half ago, when that district was early settled, it produced malaria so abundantly that its malignant influence was dreaded. For more than two generations it is doubtful if a single case of fever and ague was known in the valley, but within five years hundreds of cases have appeared there. Why is it that after an interregnum of so many years the disease should reappear? The most eminent of the Massachusetts physicians have studied this problem, and it remains unanswered. If the germ theory of disease applies to malaria these things should not be, but nature does not shape her ends to fit every hypothesis that men may invent. Nor does the Connecticut Valley stand alone in the breaking of the creed, for as if with one human accord all through our Eastern States malaria has within five years appeared for the first time in one hundred years.

*Frustra per autumnos nocentem,
Corporibus metuemus austrum.*—HORACE.

Malaria is truly no respecter of seasons, yet, as Horace aptly says, it is in the autumn that it does its most malarious work. It is also a respecter of hours, and is much more dangerous by night than by day. So important are these two points that theorists love to dwell on them. It is said that the fact that malaria is more potent in the autumn and at night is proof sufficient that the

aërial poisons are germs. Although upon the idea quite a burden of circumstantial evidence rests, the proofs of the germ theory in its application to malaria at this instance are without appreciable weight.

What are we to understand by a malarial germ? And the answer is that it is aeriform, and involved in the atmosphere as a foreign matter. But to the senses it is totally imperceptible, and all that we know of it, aside from raw theory, lies in the sum of its effects. To every eye it is invisible. The most powerful of microscopes has held the water of marshes again and again, but the pestilential agent has never been discovered in the water. Carefully, and not once or twice alone, the air of malarious localities has been analyzed, but not one malarial germ has been found in the air. The most experienced chemists of experienced Germany have tested air and water, soil and vegetation, for some trace of the noxious material, and the most delicate chemical agents have not spoken the mystery. But there have not been wanting *savants* who in fine desperation have claimed the discovery of the long-sought germ, and have been discontented to have their pretences proven false. They have labored assiduously enough to have their claims proof against the most rightful prejudice, but their labors have been in vain. Only a very few years ago a self-satisfied student thought that he had trapped a malarial germ in the Pontine marshes, but the organism was too much of a will-o'-the-wisp to be examined. Seven years ago MM. Ferrigi and Lanzi searched the length of the Roman Campagna.

Malaria occurs, for example, in the Cordilleras, with no marshes any where within many miles. If the German scientists will undertake to tell us how the bacillus manages to exist in such a locality, their "plant theory" will be confirmed. But the idea of a pilgrimage to the Pontine marshes to hunt these germs is too exhausting for the average observer.

The researches of Klebs and his school are equaled in the same direction by those of Prof. Salisbury, of Cleveland, published in 1868. This gentleman records certain observations showing that cryptogamic plants of the family of *Palmellæ*, which abound on the surface of marshes, can cause malarial fever when transported to other localities that are free from malaria. Examination of the saliva of persons suffering from malarial fever showed Prof. Salisbury

algid cells like those of the *Palmellæ*, which latter this observer succeeded in obtaining by suspending a pane of glass over the studied marsh. Salisbury's data have never been confirmed by other observers, and Dr. H. C. Wood has recently taken delight in effectually refuting the theory. Yet, in my judgment, this theory may be true in one sense. A person residing near a marsh where the algæ in question fill the air with their cells might inhale them, and they would be found in the saliva. But the presence of algid (palmelloid) cells in the saliva does not go to demonstrate that they are causative of malarial fever.

There is not lacking other evidence to show that the germ theory is inapplicable to the doctrine of malaria, but such evidence need not be cited. It is deemed a principle of excellence in military tactics to break down principal barriers instead of razing to the ground every vestige of the defense. It would be easy to remove every article of the objectionable creed, but it is not necessary. We have seen that a temperature of 32° F. *will not* check malaria; that its generation *does not* depend on moisture, on vegetable decomposition, or on individual or collective heat; that settlement of a locality *does not* free it from malaria; that the clearing off of woods or the turning up of the soil *do not* influence its appearance; that it *has not* an affinity for foliage; that it *is* generated, and that frequently at an altitude above 1,000 feet; that it is no more abundant in moist localities, on the sea shore, or even on the borders of marshes, than it is in other localities of exactly opposite natural features; that a healthy locality may under governing circumstances become malarious, and that a locality once malarious may again become so. More than all this, we have seen that there is no foundation for the alleged discoveries of the malarial germ, and that, all pretensions to the contrary, no one has yet seen a malarial germ or its legitimate representative. And still beyond this, no man has ever scientifically demonstrated that the so-called malarial fever is caused by the entrance into the system of a certain class of vegetable germs. No man can say that he has full knowledge of the malarial germ.

The theory is beautiful and its adaptations are symmetrical, but never has any hypothesis proved more disappointing. The human hand on the dial of time is a palsied thing, and doubts have arisen. Emerson has well said, "Nature is intricate, overlapped, inter-

weaved, and endless." Too well we know that the scalpel which attempts the dissection of Nature not only becomes dull and useless, but soon corrodes. The time to dispose of the theory of malarial germs has come, and the medical profession is ready for the sacrifice, though fitly seeking pardon because that it lays on the altar an object maimed and halt and blind. But the hour so needeth. We have all too long borne with the empty thought. Hoping to see it round out into perfection, we have hoped in vain. Waiting long in hope and fear for the real discovery of a malarial germ, we had thought that the sight of it would heal our sick hearts of our disease of disappointment. But patience has a bound to its duration. One hundred and eighty-seven years is a long time to wait for the realization of a dream, and it was one hundred and eighty-seven years ago that Lancisi wrote his work, "*De Noxus Paludum Effluvus*." Until the time of the Italian theorist men doubted not but that some hidden cause of malaria was existent, and as long ago as when the Campagna of Rome was studded with fair villas and fretted with a large and prosperous population there were deadly marshes where to-day are lovely villages, and in them men looked for the cause of malaria and found it not. Until Lancisi, the scientific world thirsted for a declaration of faith, and when the great theory was written there was a general clapping of hands and the voicing of a joyous presto cry. But now the blank tomb waits, turning its face to the sky and mutely speaking of the ensepulchred faith. Honors to the Italian have faded, and his records pave a neglected path. Though hoping and waiting, the scientific world has forgotten that the Nazarene has shown that on an old garment a new piece of cloth should not be sewed. Much patching of an old torn theory has made it worse, and all that we know or pretend to know of malaria is without foundation.

What then remains? Nothing. It is useless to build where the old architects have failed. Let me speak plainly. I have said that I do not believe in the theory of malarial germs. Not only this, but putting aside my individual opinions as of no value in the scales that do our weighing, I think that I do not take the name of the profession in vain when I go still further and say that the medical science of to-day dares not raise to the world the right hand and testify before the Eternal God that it really believes

in the hypothetical malarial germs. If there is a physician or scientist who can solemnly say that he believes that the theory in question is perfect and true, that man is either a falsifier or a fool. Do I put it too strongly? Do we indeed believe that there exists a certain unknown factor that acts on certain unknown matter, and thus produces germs which, taken into the circulation, so touch the nerve centers as to produce fever of a peculiar type? We do not. It is hypothesis and nothing more, and it is hypothesis of the rawest order.

It will be said, and is being said, that if we get rid of the old and objectionable theory of malaria, what are we to do? Such a question is significant. It is equivalent to an admission to the effect that we must not exist without a theory on a given subject. Verily, we are told to be "able to give a reason for the faith which is within us," but it is childish to assign a theory for a theory. The medical profession stand on theories, and I do not say but that the foundation is firm. We will incline to say to science, "If you will ruthlessly take away one of our pet theories you must replace it by another." In the words of Micah, the Hebrew, we will cry, "Ye have taken away my gods which I made, and what have I more?" We are wont to treat ague on this theory, and we want to temper our practice to it, if we could mend it; but we can not mend it. Then, medical science says, if our theory is taken away we must have something in its place. We can not live without this or some other theory. Take it away if it be worthless, but give us a substitute.

The asking is for another theory. That which we call reason argues that it is well that if the theory pronounced untrue is so, there must be another that can be put into its place. But such manner of reasoning is erroneous. There are theories that may take the place of theories, but such transplanting is in the way of repair. In this case this can not be. But importunate is the cry for theory. Why theory? Why not the truth? There is truth in the matter. The Lanciscian theory is not the truth, but the knowledge of this fact should not deter us from search for the gem. Shall we not bring forward the real as a substitute for the hypothetical explanation of the question that is asked?

I do most sincerely desire to say that I make no pretensions to being the proponent of a new theory, or the publisher of that

which may be claimed as better than any theory. Others than I have had better opportunities to investigate this subject, and others, from experience, have and will write more clearly of malaria, of the cause that is not a germ, and of the disease it causes.

The result of a long and critical study of the phenomena of intermittent fever, and a review of the studies of others, has given me some points of legitimate truth that may become axiomatic, and which, materially defined, are not unworthy of consideration.

It seems unfortunate that in medical science there is no accepted comprehensive philosophy which will cover the principles of inquiry. We have facts unlimited, but these are no better than theories; and the medical philosopher is *per se* a theorist. It may be set down as a preliminary principle of the philosophy of malarial fever that it is a disease of the blood. Looking at the physiology of the blood, we find it composed of corpuscles and serum. Of course the characteristics of a single corpuscle—red or white—are common to all of the same variety, and with the exception of time the history of one is the history of the whole mass. If we take a single corpuscle from its incipient development to its final elimination from the system as effete matter, we are the better prepared to understand the pathology of a disease of the blood in its fullest condition and congenial relations. We are witness to the life of the blood corpuscle from its formation from the ingested food until it is carried to the lungs, from thence to be carried through the round of the circulation. We watch it returning periodically to the lungs, there to imbibe a renewed life-giving energy. We see it doing its work well, and imparting of its substance to the various tissues. Finally, we find it come to the last estate, worn out, old, and useless. Then we stand by and see the dead globule become bile, and assisting in the creation of new blood from other ingesta.

On this normal history of the blood we may build our postulate. If we understand the constitution of a nation we are qualified to observe that nation's progress. If we can gaze on the sun and witness its movements we can the better bear to "stand the strength of storm." With the physiology of the blood well understood, the course of a disease of the blood is readily followed. I assume that malarial fever is such a disease, and if we look at it through the glass

of physiology we will be the better prepared to touch its pathology.

Again recurs the question, What is malaria? In a new light it can be answered in a different tone from that which we are used to speak. I do not understand malaria as being air contaminated by inappreciable telluric emanations of a vegetable nature. Retaining the old nomenclature—not as perfect, but as intimate in its nature—we still shall hold to the definition, *malaria*, "bad air." But what is that which makes pollution? If not vegetable emanations, what then? My ideas on the subject are, I think, borne out by the facts as unmistakably demonstrated. In one sense we need not undertake to solve the chemical composition of the air, and yet an aerial analysis is never dispensable when a study of the air is in question. We will assume that what is known inferentially as malaria is bad air, polluted, poisoned air, impure air. In other words, malaria is air which, parted of its purity, is a factor in the cause of disease of a certain fixed character, pathologically represented by a certain class of symptoms produced by a succession of known anatomical changes.

It may be profitable to ask what degree of impurity will break the purity of the air? What constitutes impure air? In the atmosphere we find, besides nitrogen and oxygen, a little carbon dioxide, a very variable portion of aqueous vapor, a trace of ammonia, a little carbureted hydrogen in an almost imperceptible quantity, and different terrestrial emanations, also almost inappreciable. This constitution is that which is esteemed pure air. By measure the air is composed of 79.19 parts of nitrogen to 20.81 parts of oxygen. In 10,000 measures of air there are from 3.7 to 6.2 measures of carbon dioxide. (De Saussure.) Of all other constituents ammonia is the most abundant, but its abundance is unmeasurable. The amount of aqueous vapor in the air depends on the temperature. The carbureted hydrogen is probably present, though it may at times defy research; and any terrestrial emanations are scarcely demonstrable by analysis, though microscopically discernible. In point, a recent acute writer says, "It is wonderful (*sic*) that tests of the most miasmatic and malarious air show the same invariably minute traces of telluric matter, and no more."

The anatomy of these chemical compounds that go to make up the air, need no special study in this connection. Neither

oxygen or nitrogen are ever so superabundant or deficient as to render the air impure. The quantity of carbonic acid in the air is relatively but small; but absolutely, if we take into account the vast extent of the atmosphere, it is very great. At times it may make the air heavy by its presence, but this is so only in a dark aerial territory of slight extent. Ammonia may ruin the purity of a small portion of air, its production depending on the putrefactive change or destructive distillation of the azotized principles of both the animal and vegetable kingdoms. Of terrestrial emanations in the air, it is but just to say that we do not know in what measure their presence in the air is normal, but when the air is overcharged with them they become of the nature of foreign substances, and the impurity is mechanical, and may be of such a character as will serve to destroy life. But the action of such impurity is not systemic, but rather locally irritant.

NEW YORK.

Miscellany.

KENTUCKY STATE MEDICAL SOCIETY.—We are informed by Dr. Sam'l M. Letcher, Secretary of the Kentucky State Medical Society, that the next annual meeting will be held at Crab-Orchard Springs, Lincoln County, June 24th, 25th, and 26th. The President is Dr. Pinckney Thompson, of Henderson, and the Chairman of the Committee of Arrangements, Dr. Ed. Alcorn, Hustonville.

An interesting meeting is expected, since a number of communications have been promised by representative men of the State. All members of the profession are cordially invited to be present and take part in the proceedings. Every thing tending to make the occasion profitable and enjoyable will receive attention. Druggists and pharmacists who wish to make a display can secure ample space.

DIFFERENTIATION BETWEEN TUBERCULAR AND FIBROID PHTHISIS.—Sir Andrew Clark (British Medical Journal), speaking of the differentiation between tubercular phthisis and fibroid phthisis, says:

“Tubercular phthisis is primarily of constitutional origin, and appears for the most part in the young. It is bilateral. Its course is accompanied by elevation of tempera-

ture and rapidity of circulation, by progressive loss of flesh, strength, and color; sometimes by laryngeal ulceration, and sometimes by sensations of painful exhaustion and *malaise*. It is usually rapid in its progress; the majority die within three years, and the few who, in consequence of fibroid complications live for a longer time, enlarge the average duration of the disease to four or five years.

On the other hand, fibroid phthisis is usually of local origin, and appears for the most part in the middle-aged. It is, in the main, unilateral. It is unaccompanied by elevation of temperature or hurry of circulation; flesh, color and strength may remain but slightly affected for years. It is not incompatible with great bodily and mental energy. The urine always contains a little albumen. The progress of the malady is slow. Edema is never absent throughout, and death, which seldom occurs within five years, is often delayed for thirty.”

SALICYLATE OF POTASSIUM IN ACUTE RHEUMATISM.—Dr. E. L. Miller, in the Therapeutic Gazette, says that he has been using salicylate of potassium in cases of acute articular rheumatism with much satisfaction. In cases where the salicylate of sodium caused intense nausea and vomiting, the potassium salicylate was substituted with a disappearance of the gastric irritation and a marvelous improvement in the condition of the patient. In one case, after twenty-four hours' use of the potassium salts, the joint pain ceased, and the temperature fell from 104.2° to 99.6°. He also says that it is of benefit in the fermentative diseases of the stomach. The formula he recommends is as follows:

R Acidi salicylatis, } āā 3v;
Potassii bicarb., }
Aque, 3ij;
Solve et add:
Tinct. nucis vomicæ, 3ij;
Spr. lav. co., 3ij;
Syr. simplicis q. s. ad., 3iv.
M. Sig: A teaspoonful every three hours, well diluted.

ANOTHER CONVERT TO KOCH.—The Medical Record says that Dr. Antonio Ceci, of Genoa, as the result of his experiments with pure cultures of the cholera bacillus, comes to the conclusion that it is the specific cause of cholera. He has produced choleraic symptoms by injections of pure cultures of the bacillus into the intestines of rabbits and guinea-pigs.

CONCENTRATED FOODS.—Medical men are now recognizing the value of malt extracts as foods in cases of deficient assimilation. That their use is extending may be taken for granted by the number of exhibitors of concentrated foods in the exhibition at South Kensington last year. Important improvements have recently been made in the manufacture of malt extracts, which are now prescribed in a variety of forms. One of the most effective combinations in dyspepsia, cholera infantum, and all diseases resulting from imperfect nutrition is Maltine, with pepsine and pancreatine, containing, as it does, three of the all-important digestive agents, diastase being one of the constituents of Maltine. Dyspepsia in most cases will be found to yield to the medicinal properties of this combination, while the system is invigorated by its nutritive qualities. It will be found a useful remedy, also, for constipation and chronic diarrhea, resulting from malnutrition. Not only is Maltine of itself of great value in certain cases, but it may be combined with the most valuable alteratives known—such as iodides, bromides, and chlorides—and is found to be a remedy of high value in all depraved conditions of the blood. The Maltine manufactured by the Maltine Manufacturing Company, of New York, bears a high name, and this has been still further emphasized by the award of the gold medal of the Health Exhibition, London, for their malt extract known as Maltine (malted wheat, barley, and oats), the only preparation composed of these three cereals. Prof. Charles R. C. Tichborne, after an examination of the principal unfermented extracts of malt in the market, finds that maltine is the richest in two of the most important ingredients in these foods, namely, the phosphates, or bone-formers, and that peculiar farinaceous digestive agent called diastase. Maltine may be said to consist of about 80 per cent of pure food in its most concentrated and assimilable form. This 80 per cent may be divided as follows: 5½ per cent of flesh-formers; 7 per cent of heat-givers; 2 per cent of bone-formers; add to this the diastase, which imparts to it the curious power of digesting all farinaceous food outside itself, and we have in Maltine a most valuable adjunct to our invalid diet. In respect to the diastase, Maltine seems remarkably energetic, and at the temperature of the human body one part liquefied “twenty parts of starch in two minutes,” and had completely changed or digested

that body in about an hour. Maltine possesses all the characteristics of a cereal extract as prepared from the grain, and there can be no question about the genuineness of this preparation. It is only necessary to consult any work upon dietetics to see that there is considerable difference in the composition of the various grain crops. By combining these three important substances—barley, oats, and wheat—a food is obtained which represents the average composition of the three cereals, and that food already digested for use—a condition of immense value to the physician in those special cases where the digestive functions are impaired.—*Midland Medical Journal*.

BUTTERMILK IN SICK STOMACH.—Dr. R. J. Peare, in the *Therapeutic Gazette* for April, speaks favorably of buttermilk in the treatment of irritable stomach in children. In four cases of persistent vomiting it was tried with success. It has not the tendency to coagulate in the stomach as does new milk. He suggests that this property would seem to make it an eminently appropriate agent in the treatment of “summer complaint” of children.

PROF. MALGAIGNE was one day examining a candidate upon his doctorate thesis, and was annoyed at the very bad replies and ignorance of the student. “Well,” he cried at last, impatiently, “make me one good answer; can you tell me what it is to create?” “To create,” said the young man readily, “it is to make something out of nothing.” “Correct, monsieur, and in proof of it we are going to create you a doctor.”

AT a recent meeting of the Chicago Medical Society the following officers were elected for the ensuing year: President, Dr. C. T. Parkes; Vice-Presidents, Dr. C. W. Purdy and Dr. J. H. Etheridge; Secretary, Dr. Liston H. Montgomery; Treasurer, Dr. Harold N. Moyer.

A FIRE on Wabash Avenue, Chicago, April 14th, destroyed the establishment in which was printed the *Journal of the American Medical Association*. Fortunately, nothing of value to the *Journal* was lost, and its issue was delayed only a few hours.

CARL MERCK, of Darmstadt, a son of the great chemist, and one of the present members of the chemical establishment of world-wide fame, died recently.

The Louisville Medical News.

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H. A. COTTELL, M. D., - - - - - Editor.
J. MORRISON RAY, M. D., - - Assistant Editor.

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THERAPEUTICS OF CHOLERA.

Under the warm air, soft showers, and genial sunshine of the spring, the comma bacillus seems to have revived, and an outbreak of cholera is reported in Spain. Whether Southern and Western Europe are to be scourged during the coming summer, while America renews acquaintance with an old unwelcome visitor, can be told only by those who may divine the future; but that past experience with present indications sounds the note of danger is admitted by all who make pretensions to epidemiological lore. It is, therefore, with no little satisfaction that we see our National, State, and municipal authorities up and doing, that our people may have every hygienic equipment needful for making short work with the invader, should he come, if indeed they be not able to dispute successfully his landing upon our shores. But while sanitary precautions are all important, and while the hope that they may be final and effective is to be devoutly held, it is probable that in many localities the physician will have to face the intricate problem of the therapeutic management of cholera.

Already there begin to appear in the

medical journals suggestions to the point; and, as signs of the coming scourge grow more significant, every doctor who may have been blessed with an experience of cholera, or inspired with a theory as to its treatment, will let his light shine on the pathway of his humble brethren in physic who may be groping to find their way in what seems to be a region of thick darkness.

If the benighted therapist will turn his eye to that point of the compass which indicates the location of London, he may see a ray of light beaming from the blade of our polished contemporary, the Lancet. Shamsudin J. Sulemani, L. M., Bombay, has taken his candle from under the bushel, where, since July last, it has languished in smoke and smut, and having snuffed it afresh and set it upon the candle-stick, its rays now fall full upon this great reflector of medical light.

This observer states that during the latter part of the epidemic of cholera which broke out in July last at Baroda (a town in India), five marked cases of cholera were treated with the following prescription. Four of these were cured, and one proved fatal.

R Jadvari khatai, }
Papita, } āā Ēj.
Narjili daryai, }
Cardamomi, }

Pulv., misc. et div. in cht. No. viij.

Sig: One to an adult patient every hour or two, according to the severity of the symptoms.

For the benefit of such of his readers as may have grown rusty in Sanskrit (from which three of the above names are lineal descendants), the doctor has appended the botanical names of these plants. They are, in the order presented, delphinium denudatum, strychnos ignatii, and lodoicea seychellarum.

In three of the cases reported the patients were evidently in collapse at the time when treatment was begun, presenting the well-known symptoms of this condition even to total suppression of the urine.

Two of these patients made full and complete recovery after swallowing, each, three

doses of this marvelous medicament; but the third, because of malignancy in the disease from the outset, or that she was seen too late by Dr. Sulemani, or that she got too little (only two doses) of the medicine, or that she was put to other treatment by another doctor, soon slipped beyond the cognizance of things of mortal ken.

The fourth and fifth cases had well-marked symptoms, and showed signs of improvement after the first dose. "They were ultimately cured by two subsequent doses in one case, and by three in the other."

It should be noted that these five patients were allowed no food while vomiting or purging continued; that the three worst were dosed with chlorodyne and stimulants; sinapisms being applied to the epigastrium in all, chloroform and laudanum in like manner in one, while friction and warm bottles to the extremities were freely employed.

The above account is interesting from two points at least. First, it shows the sincerity and naivete of the writer, and second, an overweening faith in drugs, which would ascribe to them a therapeutic action, improbable if not impossible under the conditions noted, while at the same time the writer disregards certain facts in the natural history of the disease which should render him more wisely skeptical.

Let us look at some of these facts. Firstly, the extremes of mortality in cholera epidemics as they run are ten and ninety per cent. Five cases with one death, twenty per cent, is a result under the average, and while doubtless a still better showing might be made in a milder run of cases it gives us no reason to suppose that under the new medicine the statistics of mortality in coming epidemics would be one whit reduced.

Secondly, near the close of an epidemic it is well known that, either from a mitigation in the virulency of the specific germ or a tolerance attained by the persons having dwelt for some time within the sphere of its activity, the number of fatal cases is much diminished. Here, however, it may

be maintained that three of the cases were to all appearances malignant, and that two of these recovered under the magic drug. To which we answer,

Thirdly, that of any case of cholera it may be said, "while there is life there is hope," since recovery from the disease in the last stage of its most malignant form does sometimes take place.

Fourthly, there is not so much as a shadow of evidence to prove a specific action in any drug as against cholera, nor beyond the fact that the disease may be cut short during the prodromic diarrhea, that any line of treatment other than quiet, good nursing, and such remedies as may be intelligently addressed to the symptoms as they arise, will prove of any avail. "For example, in England, on board a hospital-ship, were eighty-five cases, of which nineteen treated by quinine gave twelve deaths; twelve by calomel gave two deaths; twelve by carbolic acid three deaths; and thirty-seven by 'nil' gave one death." Or, again, "in 1865, at the London Hospital, one hundred and fifty-nine patients were treated—forty-eight with a mixture containing logwood, ether, aromatic sulphuric acid, camphor, and capsicum, of whom thirty-one died; fifty-six with sweetened water, of whom twenty-eight died; twenty-one with castor oil, of whom fourteen died; and twenty with 'saline lemonade,' of whom six died. . . . The deaths during the use of the astringent mixture were twice as great as under sugar and water, and under castor oil twice as great as under 'saline lemonade.' " *

Fifthly, it is evident from the pathological state of the alimentary canal in the collapse stage of cholera, when absorption is for the time being totally annulled in consequence of the inward flow of the fluid constituents of the blood through the intestinal walls, that no medicine sent adown the *prima viæ* would do any thing more than augment by its own bulk the

* Alfred Stillé, M. D., LL. D., System of Practical Medicine, by American Authors, (Pepper), Vol. 1, page 760. Lea Brothers & Co. 1885.

quantity of matter vomited or dejected by the patient.

The prescription of Dr. Sulemani would act as any other vegetable powder, being under these circumstances inert, however effective it might be under favorable alimentary conditions. It is therefore absurd to attribute efficacy to this combination of drugs in the collapse stage of cholera, while it is more than probable that the physician who shall put it to the test in milder cases will find in it nothing remarkable beyond the odd and unpronounceable names of its three principal ingredients.

Bibliography.

WOOD'S LIBRARY OF STANDARD MEDICAL AUTHORS FOR 1885.

Human Osteology. Comprising a Description of the Bones, etc. By LUTHER HOLDEN, ex-President and Member of the Court of Examiners of the Royal College of Surgeons, England, etc., Assisted by JAMES SHUTER, F.R.C.S., M.A., M.B., Cantab., etc. With numerous illustrations. Sixth edition. New York: William Wood & Co. 1885.

Kirke's Hand-book of Physiology. By W. MORRANT BAKER, F.R.C.S., Surgeon to St. Bartholomew's Hospital, and Consulting Surgeon to the Evelina Hospital for Sick Children, etc., and VINCENT DORMER HARRIS, M.D., London, Demonstrator of Physiology at St. Bartholomew's Hospital. Eleventh edition, with nearly five hundred illustrations. Vols. I and II. New York: William Wood & Co., 56 and 58 Lafayette Place. 1885.

These books are the issues for January, February, and March, of the annual library of this famous publishing house. The volumes are made in the best style of the printing art, and in their substantial character show that the publishers are determined to maintain in the series for 1885 the standard of excellence which has made the Library so widely popular with the profession.

The first volume (Human Osteology, Holden) is well known to every thorough-going anatomist as the most complete treatise on human osteology accessible to the English reader. But it is not alone to the student of pure science that the work is of interest, for it points out many osteological features and relations, the knowledge of which is indispensable to the physician and surgeon.

The first thirty-two pages of the book are devoted to general observations on the structure of bone, its microscopic characters, the structure of cartilage, and the development of bone, after which every bone in the skeleton is taken up, *seriatim*, and treated in all its scientific and practical relations, the description of each being followed by a comparative survey of the various modifications of the bone in the lower animals. The author's text is clear and wonderfully condensed, by which, though omitting nothing of interest, he is able to put more facts into a sentence than are often found in a paragraph or a page in the works of many writers.

The illustrations are numerous and of excellent character. Many smaller woodcuts are scattered over the pages, and sixty-six full-page lithographic plates bring before the reader every bone in the body so delineated as to show every feature described in the text.

The second volume (Kirke's Hand-book of Physiology) has long been known as a work of high merit, and in the eleventh edition must make for itself a reputation for truth, rare elegance, and beauty.

There is scarcely to be found a work on physiology better adapted to the needs of the practitioner, who can find at best but little time for reading.

Abstruse arguments based on data not well established, fine-spun theories, and the tedious details of experimentation find no place here. Facts are stated dogmatically and mooted points are presented briefly, in a manner guarded, but for what they are worth.

From cover to cover the volumes teem with illustrations than which no finer have as yet found their way into any physiological work. About five hundred woodcuts, illustrating all points of anatomical and histological interest to the physiologist, with diagrams for the demonstration of certain problems, may be seen, while for a frontispiece is given a splendid colored plate, which shows the absorption spectra of hemoglobin, and its derivatives under various methods of treatment. This profusion of costly work is remarkable in so cheap a book.

The editors have done their work with marked ability; accomplishing the by no means easy task of bringing the book up to the scientific requirements of the day without suffering it to lose its original attractiveness of form.

A Hand-book of Ophthalmic Science and Practice. By HENRY E. JULER, F. R. C. S., Junior Ophthalmic Surgeon to St. Mary's Hospital; Senior Assistant Surgeon and Pathologist to the Royal Westminster Ophthalmic Hospital, etc. With one hundred and twenty-five illustrations. Philadelphia: Henry C. Lea's Son & Co. 1884. For sale by John P. Morton & Co.

The author says that it has been his endeavor to give a concise and typical illustration of all the important diseases of the eye. Each chapter commences with a clear anatomical and physiological description of the part of which it treats. The arrangement of the chapters is such that the student can follow it without trouble, the only objection being the description of diseases that require the use of the ophthalmoscope in diagnosis before that instrument itself is described. In the chapter on diseases of the lids several operations for the relief of entropion are described, but those which we have seen resorted to most often in recent years are omitted. Although many cases are found where the Arlt-Jaesche operation is successful, the modified operation of Von Burrow seems to be a decided advance on former methods. The author has performed the operation of excision of the superior cul-de-sac as recommended by Galezowski in the treatment of trachoma, and from his experience considers it beneficial. As to jequirity, he is non-committal, but gives the conclusions of De Wecker and others who have tried the drug.

During a stay of several months in London the reviewer made a point of asking the leading ophthalmologists what their experience with jequirity had been. Only a few had tried it, and only one had had beneficial results. Mr. Braily, of Guy's Hospital, found it of considerable benefit in the few cases he had treated.

The reviewer, while house-surgeon to the Manhattan Eye and Ear Hospital, New York, was among the first to try the jequirity in this country. The results obtained were, in the cases where there was much pannus, indeed remarkable. One of the first cases was a boy with a dense vascular pannus. The vision was only perception of light. After several applications of the jequirity the vision was so much improved that fingers could be counted at several feet. We found not only that it cleared up the vascular cornea, but that it had a curative effect on the trachomatous formations. The lids become more pliable, and the new formations soften and to a certain extent disappear. The results in these cases will be found given *in extenso*

by Dr. David Webster in the Archives of Ophthalmology, March, 1884. The reviewer further had the opportunity of seeing a large number of cases in the clinic of Prof. De Wecker, of Paris, where jequirity was used. Not only did it have a wonderful effect on vascular keratitis and trachoma, but in several cases of opacities of the cornea from old keratitis the remedy undoubtedly caused a diminution in the opacities, as evinced by an improvement in the acuteness of vision after the effects of the drug had passed off.

Much of interest is given in reference to color-blindness and the extent of the visual field for colors. In reference to the detecting of errors of refraction with the ophthalmoscope, more valuable matter is given than is usually found in text-books. Our experience has not been the same as that given in reference to the power of hydrobromate of homatropine on the accommodation. Namely, that complete ciliary paralysis can be obtained by instillations repeated at intervals.

The book abounds in numerous original illustrations and lithographic plates, which add materially to its practical worth, and the printer's work is so neatly done as to make it one of the most attractive works in ophthalmic literature.

J. M. R.

Correspondence.

LONDON LETTER.

[FROM OUR SPECIAL CORRESPONDENT.]

Dr. Norman Kerr, as president of the Society for the Study and Cure of Inebriates, in his annual address congratulated the association on the auspicious character of its first year's operations, and on the fact that there were now two hundred and seventy-nine members and associates allied for the purpose of instituting a searching inquiry, conducted on scientific lines, into the causes of inebriety in its varied forms. The report of the treatment of forty-nine cases at the Dalrymple Home, with the Government inspectors' marked commendation of the institution, had shown the value even of so incomplete a measure as the present temporary Habitual Drunkards Act. There was little doubt as to the diseased condition of the inebriate; and his diseases belong to the group of diseases of the nervous system, their nearest ally being insanity; pyromania, kleptomania, and other special forms

of mischief attempted under the influence of alcohol, were but different forms of acute mania. He did not however, regard all drunkards as subjects of disease, but only those in whom either the habit of drinking or some inherited or other cause had set up the diseased condition called inebriety, which might be defined as an overpowering impulsion to indulge in a narcotic at all risks. He had no desire to weaken the voice of clinical rebuke of the vice of intemperance, or to impede the noble work of Christian abstainers, but the disease of inebriety, resembling as it did in many particulars that of insanity, it was as much the duty of the Christian and the State to establish homes for the treatment of the inebriate as to sustain asylums for the care of the insane.

Dr. T. D. Crother contended that a study of inebriety showed that, like all other diseases, it followed a programme from a certain origin and development down to chronicity and death, and that preventive and curative measures applied in its early stages gave more promise of certain results than at any other period. He also gave prominence to the following facts:

1. The study of inebriety revealed a well-marked disease passing through various and traceable stages.

2. The incipient stage, seen before spirits are used, is marked by dialectic delusions and other symptoms of nerve and brain instability, all of which seem to depend upon hereditary or some obscure injury to the brain and nerve centers.

3. A group of symptoms can be found in all cases that may be truly termed pathognomonic, and they will always be found in the later stages fully developed.

4. These same symptoms appear after the first toxic use of alcohol, and in some cases go on to full development, or are held in abeyance by some unknown force.

5. Practically the recognition and study of this stage opened up a field of prevention and cure of the highest possible importance.

Surgeon A. C. DeRenzy, in giving the results of his great experience of heat apoplexy in India, considers it to occur under two very different circumstances. (1) Under exposure to the direct rays of the sun; (2) under exposure to great heat in the shade. The deaths under the second head were far more numerous than those in the first. For the prevention of heat apoplexy, especially under exposure from the direct rays of the sun, two things were necessary: (1) That clothing be loose and light, so as

not to interfere with the free movements of the chest and evaporation from the skin, and so as not to obstruct the cervical circulation; and (2) that drinking water should always be at hand to relieve the first signs of thirst. The importance of these precautions he illustrated by several striking cases that fell under his observation at various times. The want of water caused great loss of life from heat apoplexy on field service in India. Natives used immense quantities of water under exposure to the sun, and to this practice was attributed their immunity from heat apoplexy. While the deaths from this disease among British troops were 20 per 10,000 of strength, they were only 2 per 10,000 among the native troops. Heat apoplexy was very rare among the officers, who are careful about their dress, and also to have something at hand to relieve thirst. Sportsmen who went out shooting in the hottest weather suffered very rarely; and the disease was unknown among the Anam tea-planters, a large class, whose business required them to expose themselves in the sun in the hottest season and in the hottest time of the day. The great majority of cases of heat apoplexy among soldiers, due to exposure to great heat in the shade, occurs between sunset and midnight. This was attributed to the peculiar meteorological condition of that period of the day in conjunction with the crowding of men in the canteen. The breeze died away, clouds formed obstructing radiation, and while this lasted the men crowded in dense masses into the canteen, the ventilation of which was altogether inadequate. Crowding, even only for a short time, was most dangerous when the air was very hot. The danger was much increased when excess in the use of alcohol was superadded. As a means of cooling barracks, it was proposed that they should be doused every evening after sunset. Dr. DeRenzy concluded with the belief that if troops in the field be provided with good double tents, good arrangements for the supply of water, pay attention to clothing, avoid overcrowding, especially in tents or huts, and use extreme moderation in the use of alcohol, for which tea should be substituted, the losses from heat apoplexy would be very small.

At the last meeting of the members of the Society of Medical Officers of Health, Mr. A. Wynter said that after making many many experiments with regard to the action of disinfectants on microzooids he had come to the conclusion that when they were

Societies.

[SPECIAL TO LOUISVILLE MEDICAL NEWS.]

AMERICAN MEDICAL ASSOCIATION.

FIRST DAY; GENERAL MEETING.

The first general meeting was called to order promptly by Dr. Samuel Logan, of New Orleans, Chairman of the Committee of Arrangements. Rev. Dr. Palmer, of the Presbyterian Church, was introduced, and led in prayer.

Dr. Logan then introduced the President, Dr. Henry F. Campbell, of Augusta, Ga., and proceeded to give the address of welcome to the delegates. He spoke of the presence of delegates from the valley of the mighty Mississippi; the hills, mountains, and valleys of the populous East; from the great mountains and fertile plains of the Pacific slope, who had come across the arid plains, as well as from the sunny South, to cast in their mites of experience. He likened the study of medical science to a religion. He spoke of the changes which had taken place during the decade which had passed since the association met here last. He asked to be excused if the joy in welcoming the present guests was somewhat saddened by the thoughts of those who had passed away. He spoke of the slight coldness remaining ten years ago from the great civil war, having entirely disappeared. He alluded to Sims and Gross, and spoke of the good effect in reuniting the profession by the election of a Southern man for president.

The ex-presidents in the house were invited to take places on the stand.

Dr. Campbell then delivered his address. He said that the honor now his was the greatest possible gift of the American profession, and thought others much more worthy than himself. He thanked them for the honor shown his State and the South by the selection. He spoke of the honored list of names of presidents of the Association. All had done their work for the profession. He confined his glorying to the glorious dead. He spoke of the sea of upturned faces before him, some furrowed with care and thought, others bright with the glow of youth, some crowned with honors, others awaiting honors waiting for them. He spoke of the hope of great work expected from the young. He saw before him many who, more than a generation ago, assisted in forming out of the chaos of the medical profession of the

not destructive agents they acted as poisons; they poisoned the microzooid in a manner not essentially different from the lethal poisoning of a higher life form, and this was the reason why such poisonous substances as corrosive sublimate, carbolic acid, and chlorine, were most to be relied on. He considered that the best and most efficient way to disinfect a room was to make it as much as possible like a hermetically sealed box, and in this box to evolve chlorine, three pounds of chloride of lime, and three pounds hydrochloric acid being used for every one thousand cubic feet of space.

The well-known lecturer to the National Health Society, Dr. Joseph Pope, has just died. For many years he was a surgeon in the Royal Artillery.

An advance in the right direction has been made by the guardians of one of our large work-house infirmaries. A few months back, at the request of their medical officer, they voted a sum of money at the Clapham Union for the purchase of a human skeleton and physiological diagrams, in order that the nurses might receive physiological and surgical instruction. Dr. Neale and Dr. Wilson have now held a written examination of the nurses, and report that they were astounded at the proficiency shown by the pupils. The examination was a severe one, and both in that and practical work they acquitted themselves well. Just now the subject of skilled nursing is receiving much attention, and it is only right that the very poor should have all the advantages of medical skill.

At Guy's Hospital a necropsy discovered a bony mass in the testis and epididymis of a patient who had been admitted in a semi-conscious state. The testis did not appear to contain any healthy glandular tissue, no cartilage was any where found. There was cystitis and two strictures of the urethra. The formation of bone was thought to be due to old orchitis and epididymitis, and in no way to be of a dermoid nature. The man was believed to have begotten children.

LONDON, April, 1885.

POWDERED RICE AS A STYPTIC. — The Dublin Journal of Medical Science says that powdered rice is an excellent styptic for fresh wounds, and much superior to oxide of zinc. Lint, dusted with the finely powdered rice, as a compress will be found very effectual.

United States this harmonious body, the American Medical Association. He gave a number of impersonal sketches, one applying very nicely to Dr. N. S. Davis. Reference was made to the improved sanitary condition of New Orleans, the city formerly shunned by every one for its pestilence and death, which had by some magic metamorphosis become a Mecca, receiving pilgrims from every State and nearly every foreign nation. Reference was made to the Journal of the American Medical Association and its editor, which was very complimentary. "The Relation of the Medical Profession to the Tribunal of Law," or "The Doctor in the Courts," was discussed. He said we had connection with the tribunals of law, first, as medical witnesses, second, as medical experts, third, as defendants. In all these we are at a disadvantage, and our testimony subverted. An interesting sketch of a trial in court was given. The Doctor encouraged the greater study of sanitary medicine and also forensic medicine. He recommended the nomination of a committee for the improvement of the status of forensic medicine.

After a vote of thanks, on motion of Dr. J. N. Quimby, of New Jersey, a committee of five was appointed to take under consideration the suggestions of the President.

Prof. Austin Flint, chairman of the special committee to report on the death of Prof. Samuel D. Gross, appointed at the last meeting, read a report. He did not intend, he said, to write an obituary of Prof. Gross. That had been done by many able pens. He drew the following lessons from his life: That one who aspires to authorship must begin young. The amount of writing he did was enormous. The amount done in the first years of his life was wonderful. We learn from his life that one may be a voluminous and successful writer and at the same time lead a busy life as a teacher and a practitioner. Prof. Gross resolved early to be a medical teacher. Is this not the case with all successful medical teachers.

Reports of special committees being in order, Dr. John S. Billings, chairman of the committee appointed to secure from Congress an appropriation to build a fire-proof building for the the Library, at Washington, reported that the appropriation had been secured and that the building, a plain commodious one, would be placed at Washington near the Museum in the Smithsonian grounds. Adopted.

SECOND DAY; GENERAL SESSION.

The session was opened by prayer by the Rev. J. K. Guthrie, D.D.

Dr. W. D. Didama, of Syracuse, New York, Chairman of the Section of Medicine, addressed the Association in a learned manner.

An address on Ovariectomy was delivered by Dr. R. S. Sutton, Chairman of the Section on Obstetrics.

In the bleak December, a woman arrived on horseback, in Lexington, Ky., to Ephraim McDowell, a surgeon, who opened her abdomen and removed a tumor which threatened her life. The operation was made, and the woman survived thirty years, and died at the advanced age of seventy years. This was the first operation deliberately undertaken. Dr. McDowell operated in his own house; he had but one assistant; the woman had never been tied; no sponges were used. He ligated the pedicle and dropped it in. He operated with no such advantages as Lawson Tait or Keith. After the lapse of almost three quarters of a century the operation remains about the same, with the exception of the treatment of the pedicle. The speaker then went into the particulars of the history of the many failures and the few successes for the next three quarters of a century. He showed how the Americans had taken the initiatory steps for many years. He likened the branching of the operation into laparotomy, cystotomy, nephrectomy, etc., to the mighty branches of a mighty oak. Ovariectomy and its offshoots comprise almost if not all of abdominal surgery. He referred to Battey, of Georgia, and Homans, of Boston. He spoke of antiseptics, saying quite properly that listerism and cleanliness are inseparable, cleanliness being indispensable. Marion Sims received an ovation which was greeted with prolonged applause.

When the time arrived for the report of the committee appointed at the last meeting of the American Medical Association to invite the International Medical Congress at Copenhagen to meet in Washington in 1887, the sport began. Dr. J. V. Shoemaker, of Philadelphia, arose and in a warmly-worded speech accused the committee of cringing to the New York new-code men. He stated that the new-code men had said to the committee that unless their men were recognized on the list of officers they would defeat the project to hold the Congress in America. Dr. John S. Billings, of Washington, in a lengthy speech denied the allegation of Dr.

Shoemaker *in toto*, and defended the committee. Dr. Shoemaker reiterated his statement. A warm discussion was then entered into by Drs. Daniels, of Texas, Deerfield, of Ohio, Cole, of California, King, of Missouri, Saunders, of Tennessee, and many others, almost all the speakers attacking the committee, and especially the new-code men, in the most violent manner.

A number of resolutions of more or less severity were submitted.

Section on Practice of Medicine, Materia Medica, and Physiology.

Dr. W. D. Didama, of Syracuse, N. Y., President, in the chair; Dr. G. M. Garland, Boston, Secretary.

Dr. L. D. Bulkley, of New York, read a paper on the Treatment of Carbuncle without Incision.

Dr. Thos. F. Wood, of Wilmington, N. C., read on Syphilis as it Appears among Negroes.

Dr. N. H. Reed, of Mansfield, Ohio, read on Hydated Tumors of the Brain.

Dr. A. F. Pattee, of Boston: The Percuteur; its Uses in Diseases of the Nervous System.

Dr. M. H. Henry, New York: Practical Suggestions on the Use of Iodide of Potassium in Syphilis.

Dr. A. Atkinson, Baltimore, Md.: Ulcer of the Rectum.

Dr. Sam'l S. Wallian, of Bloomingdale, N. Y.: Some Inquiry Concerning the Resources of non-Medicinal Therapeutics.

Section on Obstetrics and Diseases of Women.

Dr. R. T. Sutton, Pittsburgh, Pa., President, in the chair; Dr. J. F. Jelks, Hot Springs, Ark., Secretary.

Dr. Wm. H. Wathen, Louisville, Ky.: Treatment of the Secundines in Abortion and Labor.

Dr. C. Fenger, Chicago, Ills.: Chronic Peri-Uterine Abscess; its Treatment by Laparotomy.

Dr. W. W. Potter, Buffalo, N. Y.: Parametritic Abscess.

Dr. G. F. French, Minneapolis: How soon after Exposure to Sepsis may the Accoucheur Resume Practice.

Section on Surgery and Anatomy.

Dr. John B. Roberts, Philadelphia, Pa.: False Doctrine in the Treatment of Fractures.

Dr. M. C. Henry, New York: Clinical Observations on the Surgical Treatment of Varicocele.

Section on Pediatrics.

Dr. J. H. Pope, of Marshall, Texas, President, in the chair; Dr. S. S. Adams, of Washington, D. C., Secretary.

Dr. Edward Borck, St. Louis: Acute Inflammation of the Bones During the Period of Growth.

Dr. L. Duncan Bulkley, New York: Repeated Doses of Castor Oil in Certain Skin Diseases of Children.

State Medicine.

Dr. E. W. Schauffler, St. Louis, President, in the chair; Dr. J. N. McCormack, Bowling Green, Ky., Secretary.

Dr. John Aney, Greenville, Mich.: The Obligation of the State to its Citizens; or State Boards of Health, their Necessity and Value.

Dr. Geo. Homan, St. Louis: The Promise and the Potency of Cleanliness.

Ophthalmology, Otology, and Laryngology.

Dr. J. A. White, Richmond, Va., President, in the chair; Dr. Eugene Smith, Detroit, Mich., Secretary.

Dr. W. C. Wile, Sandy Hook, Conn.: Two New Forms of Spray Apparatus, a New Electro-Cautery, and a New Electric Lamp.

Dr. Flavel B. Tiffany, Kansas City, Mo.: Ossification of the Choroid, with Sympathetic Ophthalmia; illustrated by sections of an enucleated eye.

Oral and Dental Surgery.

Dr. W. W. Allfont, of Chicago, President, in the chair; Dr. E. C. Briggs, of Boston, Secretary.

Dr. J. S. Marshall, Chicago: Cocaine.

Dr. J. L. Williams, Boston: The Alternation of Rest with Effort.

A number of papers in most of the sections, besides those mentioned, were read by title, the reader being absent, or there being lack of time to hear him.

ASSOCIATION OF AMERICAN MEDICAL EDITORS.

[SPECIAL TO LOUISVILLE MEDICAL NEWS.]

The annual meeting of the American Medical Editors was held at the Medical College of the Tulane University, Monday evening, April 27, 1885. Dr. Henry O. Marcy, of the editorial staff of the *Annals of Surgery*, Boston, Mass., President, in the chair; Dr. John V. Shoemaker, editor of

the Medical Bulletin, of Philadelphia, Vice-President; Dr. H. O. Walker, associate editor of Medical Age, Detroit, Mich., Secretary.

There were present Dr. Leartus Connor, editor Detroit Lancet, Dr. John H. Warren, editor International Review of Medicine and Surgical Technics, Dr. William Brodie, ex-editor Therapeutic Gazette, Dr. E. F. Daniels, Fort Worth, Texas, editor Courier-Record of Medicine, Dr. A. J. Stone, editor Northwestern Lancet, St. Paul, Minn., Dr. N. S. Davis, editor Journal American Medical Association, Chicago, Dr. L. D. Bulkley, editor Archives of Dermatology, Dr. F. L. Sims, editor Mississippi Valley Medical Monthly, Memphis, Dr. J. W. Schaffler, editor Kansas Medical Journal, Topeka, Dr. A. S. Conklin, ex-editor Columbus Medical Journal.

Minutes of previous meeting at Washington, D. C., were read and adopted.

Dr. Henry O. Marcy read a paper on "The Legislative Establishment of Medical Examining Boards in America." This was an able essay, in which he showed the great necessity of protecting the people from quacks and charlatans by passing laws limiting the practice to those legally competent for the same.

Dr. Daniels read a witty paper on "The Condition and Growth of the Medical Profession in Texas." He spoke of the recent unsuccessful effort to get legislation in favor of practitioners properly qualified in Texas. All who have read his journal will know that his remarks were spicy and out of the usual order of medical writing.

The following officers were elected for the ensuing year: Dr. H. O. Walker, President; Dr. F. L. Sims, Vice-President; Dr. E. F. Daniels, Secretary.

The society adjourned to meet at the time and place of the next meeting of the American Medical Association.

There was a goodly attendance of the members of the profession, with many ladies. The meeting was a success, and did no small honor to the guild.

A CORRELATION THEORY OF COLOR PERCEPTION.—In an exhaustive article in the April number of the American Journal of the Medical Sciences, Dr. Charles A. Oliver, of Philadelphia, further tests the correction of the theory of color perception, which he propounded in the preceding issue, by the pathological data at our command.

Selections.

WRITER'S CRAMP AND ITS TREATMENT.—

In an interesting paper in the April issue of the American Journal of the Medical Sciences, Dr. R. P. Robins, of Philadelphia, records three cases of writer's cramp, and gives a careful clinical study of the disease. As regards treatment he finds absolute rest is essential. If there be atrophy of the muscles, stimulating lotions, with rapid friction, may be employed; and he has seen good results follow alternate douching with hot and cold water. In electricity we have an important factor. As regards artificial aids, Dr. Robins recommends that of Von Nussbaum as possessing, to a great degree, lightness and simplicity. One of Dr. Robins' patients was benefited by alternating with the penholder a little apparatus made of a solid rubber ball; this was perforated at about one-third of its circumference and a penholder was thrust through. The ball was held in the hand, and the penholder passed up between the first and second fingers.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department of the United States Army, from April 19, 1885, to April 25, 1885:

McParlin, T. A., Lieutenant-Colonel and Assistant Medical Purveyor, U. S. A., sick leave extended to three months on surgeon's certificate of disability. (S. O. 88, A. G. O., April 17, 1885.) *Smith, Jos. R.*, Lieutenant-Colonel and Surgeon; *Billings, Jno. S.*, Major and Surgeon; *McElderry, Henry L.*, Major and Surgeon, detailed to represent Medical Department of the Army at annual meeting of the American Medical Association, to be held at New Orleans, La., April 28, 1885. (S. O. 91, A. G. O., April 21, 1885.) *Crampton, L. W.*, Captain and Assistant Surgeon, assigned to duty as Post Surgeon, Fort Bridger, Wyoming Territory; *Borden, Wm. C.*, First Lieutenant and Assistant Surgeon, ordered for duty at Fort Douglass, Utah Territory. (S. O. 33, Dept. Platte, April 22, 1885.) *Robertson, R. L.*, First Lieutenant and Assistant Surgeon, granted leave of absence for one month. (S. O. 43, Dept. Texas, April 16, 1885.)

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service for the week ended April 25, 1885:

Sawtelle, H. W., Surgeon, when relieved to proceed to Detroit, Mich., and assume charge of the service, April 23, 1885. *Urquhart, F. M.*, Passed Assistant Surgeon, to assume charge of Cape Charles Quarantine Station, April 23, 1885. *Williams, L. L.*, Assistant Surgeon, when relieved to proceed to Norfolk, Va., for temporary duty, April 23, 1885.

THE LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, MAY 9, 1885.

Original.

NOTES ON THE GENESIS OF MALARIA.

A Study in Three Parts.

BY WILLARD HENRY MORSE, M. D.

PART III.

It has been said that the presence of carburetted hydrogen in pure air is not always demonstrable; but it is claimed that in a minute quantity its presence does not render the air impure. Carburetted hydrogen, or methane, or marsh gas, exists at the bottom of marsh pools in the bed of mud, and as well, in a state of compression, in rock fissures, and especially in the coal measures. It is nearly inodorous, colorless, and contains twice its own measure of hydrogen. If we are to believe the best English chemists, carburetted hydrogen may be respired without any toxic effects, and this is borne out by the actual fact, the miners in the coal mines breathing the gas without any injurious effects. *Yet it is carburetted hydrogen that is the cause of malarial fevers, that poisons the air, and that constitutes that which we term malaria.*

It is not, however, pure methane that stands as such a factor. Alone, and untouched by the defilement of foreign matter, this gas is in itself synonymous with all that is non-deleterious. In nature, methane is not found chemically pure. As obtained from the bottom of pools it is found to be mixed with carbon dioxide. Entering into the air, it manifests an affinity for the carbonic oxide already there as a constituent. The two gases combined are poisonous, and the toxemia caused is malarial fever. We must, however, ascribe no supremacy to the carbonic acid, more abundant though it is. It only plays a governing part in action, but as such is indispensably exact. As we

know, carbonic acid is a narcotic poison. Carburetted hydrogen, governed by carbonic dioxide, is not narcotic, but is none the less a toxic factor. The dioxide, however, is, when alone in the air as a constituent, a harmless gas, but combined with methane it poisons, or the methane poisons.

A word as to the alleged alliance between these two gases will the better prepare us to study their action in compound. Carbonic dioxide is represented by the symbol CO_2 , and marsh gas by CH_4 . A better statement would be: Carbon dioxide is composed of carbon 12 measures by weight and oxygen 32; marsh gas is composed of carbon 12 parts, hydrogen 4. CO_2 weighs 47.26 grains to 100 cubic inches, and the representative weight of CH_4 is 17.41 grains. When we mix 100 measures of the latter gas with 200 of oxygen and explode them in the endiometer 100 measures of gas remain. Considering that CO_2 contains its own volume of oxygen, it is patent that one half of the oxygen added is consumed in uniting with the hydrogen. Therefore marsh gas contains twice its own measure of hydrogen, with sufficient carbon to produce, under process of combustion, an equal quantity of carbon dioxide. Thus is explainable the production of the deadly compound of nitrogen and carbon dioxide after an explosion of fire-damp. We have also to consider that CO_2 and CH_4 represent the principal forms in which hydrogen and oxygen are separated from wood during its conversion into coal. This accounts for the presence of these gases in coal. In a similar way the liquid hydrocarbons were produced. It will thus be seen that a perfect familiarity should exist between these two gases so nearly related, and in this way our deductions of cause and effect are explainable.

It may be asked with justice how a sufficient quantity of marsh gas to prove a toxic power can be generated? The gas, as

we have seen, is resident in the rocks of the carboniferous measures of geology, where it is pent up in reservoirs and in the mud at the bottom of pools in which water-plants grow. What is that action which serves to free this gas? Naturally the eye seeks a climatic cause, and rests upon it as the truth. But we must say right here that the so-called "climatic theory" of malaria has nothing in common with the facts of which we are speaking. Those physicians who seek to show that the paludal influence is simply the effect of climatic causes, such as cold, heat, damp, and vicissitudes of temperature, only bring forward the stones to pave a path not yet laid out. Climate alone means nothing. Climate never caused malaria, or malarial disease, alone. The influence of climate is, however, potential.

I have given the subject long research, and I find the facts apparent. In the air of the rocky hills of Pennsylvania, the desert mountains of Colorado, the sea-shore of New Jersey, of Massachusetts, and of Rhode Island, as well as in the air of local pools and marshes, carburetted hydrogen is abundant. In searching for this gas I have been struck by the almost general absence of bacteria in stagnant water of marshes, pools, etc. Around the carcass of a dead animal they are generally found in abundance, but they do not spread through the body of water. But marsh gas abounds in the aerial territory of these places where I have sought it. I do not say it is always there, but it is common at certain seasons. On the borders of a marsh celebrated for its malaria the gas fills the air in the month of August, and in other months when there is drought. The influence of heat dries up a marsh until the methane is freed from its mud bed, little or no water remaining to retain it there. Again, after a summer's rain or a winter's freshet the mud is stirred up until the gas escapes through the water. A wind that roils the waters of the tide-pools does the same service, and a sudden inundation, natural or artificial, is alike provocative of gaseous generation.

Among other causes conspiring to create an escape of methane from its mud reservoir are several that can not be explained away by theory. Marsh gas under provocation tends to escape in all temperatures and at all times of the year, but more readily in late summer and autumn. It may arise as well from the marbled lakelets on the lawn as from the marshy pool; as well from the wooded pond as the open lake; as

well from shady river beds as from close swamps. I have studied the records of observations of different men in many sections until it seems sure that methane is universally occurrent wherever there is a body of water wholly or partially stagnant. Not only is it present in the water-bed, but under certain conditions it is to be found in the air that is about such bodies of water. I do not look for any exceptions to this universal fact. A sandy bottom of a water-course or reservoir is not as likely to produce the gas, but may incline to do so. Places that are not malarial, and yet are near bodies of water, owe their salvation to a sandy bed.

I find three gradations of methanitic occurrence, viz: Sparingly or not at all where the water-bed is sandy, more abundant where there is mud liable to atmospheric action, and very abundant where water-plants grow in the muddy bed. If it is said to me, "There is a marshy pool: why does it not produce marsh gas?" I answer, "It has a sandy bottom;" and investigation proves it so. It will be found that this rule is infallible. Yet a certain exception obtains. There are muddy-bedded marshes, like the Great Dismal Swamp, that produce the methane, but no malarial fever is known in the vicinity. How are we to account for this paradoxical case? This is readily done. The generated gas will escape, but in the air becomes either neutralized or changed by the presence of another more powerful gas. It is not probable that carburetted hydrogen has any special antagonist, but carbonic acid—to which it owes its virility of poison—is, as we all know, subject to change. Therefore, the carbonic acid being prevented from assisting the methane to toxic power, the latter gas proves almost innoxious.

Chemistry does not understand the primal formation of methane. We know that it is generated, but we see no bound to the process. The mud where it is born is filled with it to repletion. It is literally compressed there. If some particles escape, others take their place, and a body of fresh water is always fertile of it. But how are we to explain the presence of malaria in a locality where it has not been known for a century or longer? Take the Connecticut River valley as an example. There, as we have seen, malaria has recently reappeared after an interval of nearly a century. It was once there, and has returned. Wherever it appears it has appeared before. The

reason is very easily understood. Question the old residents of the valley, as I have taken pains to do, and they will tell you that the river was more sandy, because it was more swift, ten or twenty years ago. The numerous reservoirs have formed mud below and above them, and in the mud methane has grown. To prove this let me say that the most malarious place on the river is one where a rank growth of water-weeds flourish; and up the river, on the Vermont boundary, where the stream runs over a pebbled bed, there is no malaria, never was, and never will be. There are, it is true, muddy rivers, like the Thames, that are not prolific of malaria; and this is explainable either by neutralization from some more abundant or more powerful gas, or more probably by the mud being possessed of a certain acidity that prevents the generation of the methane. But, referring again to the Connecticut, it may be asked, how are we to explain the presence of malaria a century or more ago, when the locality was but recently settled, and there were no reservoirs to dam up the water and make mud? If we think a moment it will be apparent that a newly settled country, where the woods are heavy and vegetation is rank, would have muddy-bedded rivers. This is invariably the case.

Even in some of the sandy regions of the West, instead of true mud the settler finds a sandy dough that serves its place. A stream in an unsettled locality always has at its bottom a mass of mud, and where it is the deepest there is most malaria. Witness the Amazon as an example. After the land on a newly-settled river valley has been cultivated, and the grass mown and the forests cut down, the river runs swifter, changes its course little by little, and in a few years runs comparatively clear. And as long as it is clear of beds of mud it is non-malarious. When the hand of man curbs the stream, again there is mud and malaria.

We are accustomed to say that when the soil is turned up malaria is bred. This is, however, not always the case, as we have seen. But where there is soil that does breed malaria when it is disturbed, we find that that soil is of an alluvial nature, and was once in the bed of a lake, a river, or other body of water. Other soil not generic of methane is virgin and not alluvial. It may seem unwarranted to hold to such an idea, but it is not theoretical. Soil that is full of methane may have retained it for

ages, and yet it is at the mercy of a disturbing agency. But this is not all. There are soils of such a porous nature that, placed in the right position, they will absorb into their substance carburetted hydrogen. This can be demonstrated by experiment, and I doubt not is in certain soils true to nature. Yet this is but the exception. There are soils full of the noxious gas, and not soils alone. I have examined dust from mountain rocks, which, when wet and permitted to slowly dry, gives off true marsh gas. By this fact we can explain the presence of malaria in such arid regions as the Spanish Cordilleras and the Andes. There is, besides this, another source of methane—the coal measures. But the reservoirs in the coal are but sparingly opened, and though they may give out gas, seem to rarely do so. But on the rocks of coal regions and elsewhere, the methanitic mud lies, and moistened by rains and warmed by the sun the mud generates its latent gas.

An inquiry into the *modus operandi* of carburetted hydrogen as causing malarial fever is full of interest and deserving of careful study. The specific gravity of carburetted hydrogen is 0.5596. It is so light that it would be readily and widely diffused; but mixing with carbonic acid, which has a specific gravity of 1.524, it is localized. If it were not for this property of admixture, the combined gases would be widely diffused through the air, and lose their toxic power. As it is, they merely poison a circumscribed aerial territory, remaining if undisturbed in perfection of purpose in one vicinity. If a strong wind exerts its diffusive influence, and scatters the gases, they cling together in a body and carry their strength with them. But it can not be said that this is done. Circumstances have a controlling action, and exert it to keep the poison in one place. If in the valley of a river, on the slopes of a hill, on a plain meadow, or among the rocks of the mountains, the methane be found in the air, there it is resident, and there it is generated.

But without proof that the cause of malarial fever is the inhalation of carburetted hydrogen acted on by carbonic acid, these axioms are quite theoretical. The medical and other scientific men who are studying the action of this agent that has come into the place of germs, have substantiated all that I have said by direct experiment. Not to be tedious I will give some description of the more elaborate.

A plate of mud from a marsh, placed on a stand in the draft between a window and a door in the chamber of a healthy lad, in a non-malarial locality, fails to produce any pathological effects. But the same mud, placed as before, and having a mass of organic matter undergoing fermentative decomposition, placed beside it, had its effects. In nine days the youth developed intermittent fever, no other member of the family having it, and there being positively no other exposure. The combined gases that emanate from the moist mud and decaying matter are of the kind that are invariably causative of paludal disorders.

Another, and in some senses a similar experiment, is readily conducted and equally convincing. If a person removed from paludal influence be confined to a room in which carburetted hydrogen and carbon dioxide are liberated, intermittent fever is caused. If a person be placed where he can respire a mixture of carburetted hydrogen, carbonic acid, and a limited quantity of atmospheric air, a series of symptoms are caused, which are identical with those of intermittent fever. Care should be taken to have the carburetted hydrogen in excess, and the atmospheric air in limited quantity. If this be done, and the experiment be conducted carefully twice or three times a day for not less than two weeks, it will not fail of success. In evidence that the symptoms in point are truly paludal, it may be said that they yield to the same therapeutical measures as does the intermittent fever, and have the same symptoms. One of my induced cases took on a tertian type, and another was decidedly quartan.

From these and other like experiments which I have conducted, I consider the ideas which I have here advanced proven facts. If it be theory, it is that theory which is justly the hypothesis of truth.

The etiological factor being known, its rule of action follows. The manner in which impure carburetted hydrogen causes malarial fever is apparent. As we have seen, the disease is of the blood. Healthy blood requires for its maintenance pure air, and of the air, the most important element required is oxygen. The oxygen which is absorbed from the air in the lungs is taken up by the blood circulating in the pulmonary capillaries. That health may be preserved the air must contain its fixed proportion of oxygen. In breathing air that is pregnant with carburetted hydrogen and carbonic acid in mixture, it is as if one breathed coal gas. The

symptoms are the same. Its test is similar, lime-water placed in its atmosphere becoming turbid. It is a deadly breathing. The poisoned air, *malaria*, is inhaled, and straightway there is an epidemic among the blood corpuscles, diseased for want of oxygen. An inordinate number of them come to an untimely end. They die; and as thus they are a foreign substance in the blood, elimination must follow. The liver becomes exhausted with its eliminating work, and after death we find that organ bronzed and slightly tumid. Out of sympathy the spleen takes on overaction, and presents the same post-mortem appearances; it is enlarged and dark. The liver fails in its work; the blood is found to be melanemic, pigmentary granules and dark-colored cells filling the fluid. The capillaries are surcharged with this blood, and the melanemia is observed both after death and in the blood drawn during life. This blood change involves destruction as well as paucity of the blood globules. The pathological effects of the melanemic condition is resultant of stasis, and the cerebral phenomena are not impossibly due to the accumulation of pigmentary particles in the substance of the brain.

If there is a characteristic lesion in intermittent or remittent fever it is the bronzed and enlarged spleen. As the diseased blood of typhoid fever acts upon the intestinal coats, and as the same agent in yellow fever acts on the vena porta, so does the melanemic blood act on the spleen. It is probable that the melanemia may be due to the respiration of air attainted with impure carburetted hydrogen. A rabbit confined in a closed vessel filled with carburetted hydrogen nine parts, and carbon dioxide one part, dies in the space of eighty minutes. The blood of the animal, microscopically examined, betrays every evidence of a commencing melanemia. A rabbit confined where a considerable quantity of carburetted hydrogen is mixed with the air for forty-eight hours, and then killed by inhalation of the gas, shows an enlarged liver and an indication of melanemia. In point, I would cite the following case, calling attention in the first place to the fact that methane is a prominent and abundant constituent of coal gas: Mrs. P. F. C., aged thirty-eight, died of suffocation from coal gas in a New York hotel. Autopsy five hours after death: Heart and brain normal; lungs inflamed; coats of stomach slightly inflamed; liver congested, swollen, and bronzed; spleen exhibiting pigmentary deposit; blood perfectly normal. It would

seem evident from this case that had the poisoning been protracted, the blood would have at length become melanemic.

Not long after having ascertained these autopsical facts it occurred to me that coal gas, if inhaled, may have the effect of adding to the malignancy of malarial fever. To demonstrate the probability of this, and as well to add proof to the truth of the agency of carburetted hydrogen, I instituted this experiment: A patient with well-defined tertian fever was placed in a room into which a current of gas was allowed to flow until the air was dense with it. The result was that the recurrence of his chill was anticipated by not less than four hours. Subsequent experiments have served to establish the influence of this agent.

It is plain that the addition of coal gas to confined air will add to the intensity of malarial fever. This auxiliary cause serves to give efficiency to the special cause, and Dr. Obt may not be in error in affirming that "malaria is more frequent now because of the general use of coal." Malarial fevers, or other diseases with a malarial element, are frequent in our cities. New York has this class of cases every month in the year, and if it means coal gas, what shall we do about it?

I think that the germ theory is likely to be dispossessed from its connection with malaria in no long time, when it will be recognized every where that marsh gas is the causative factor. It is a discovery of importance and likely to work its part in helping to remedy the disease so caused.

NEW YORK.

Miscellany.

THE OPERATION FOR DISPLACED SEMILUNAR CARTILAGE.—Mr. Thomas Annandale (*British Medical Journal*) says that in cases of displacement of the semi-lunar cartilage, where the ordinary methods of treatment have failed to restore the usefulness of the limb, he has performed the following operation with success: An incision was made along the upper and inner border of the tibia, parallel with the anterior margin of the internal semi-lunar cartilage; the few superficial vessels having been secured, the joint is opened, the anterior edge of the cartilage is seized and drawn forward into its natural position, and chromic acid catgut ligatures passed through it and through the fascia and periosteum, covering the

margin of the tibia. The wounds in the synovial membrane and soft parts are then closed with catgut, and a splint and plaster-of-paris bandage applied.

THE PEROXIDE OF HYDROGEN IN THE TREATMENT OF SUPPURATION.—Dr. W. A. Dayton, in the *New York Medical Journal*, gives the results obtained in his clinic with the peroxide of hydrogen. The first case was a young man with nasal catarrh and buzzing in the ear. There was also a family history of phthisis pulmonalis, he had been treated by specialists without relief. He was given six ounces of a two per cent solution of peroxide of hydrogen, a tablespoonful three times a day. Local treatment to the nose and naso-pharynx was also used. In the eight weeks of treatment the patient took the peroxide regularly, gaining fifteen pounds in weight. The notes of other cases are given where it was used in suppuration of the middle ear with marked success. The difficulty of checking chronic suppuration of the middle ear in consumptives is well known to all aurists. Dr. Dayton has had wonderful success in these cases by the use of a twelve-per-cent solution of the peroxide locally to the ear, and the administration of tablespoonful doses of a two-per-cent solution internally.

THREE CASES OF TUBAL PREGNANCY SUCCESSFULLY OPERATED UPON.—In the *British Medical Journal*, April 18, 1885, Mr. Lawson Tait gives the notes on three cases of tubal pregnancy successfully operated upon at the period of rupture. These complete a series of nine cases on which he has operated with only one failure. They are sufficient to prove that these cases may be treated with success by the improved proceedings adopted in abdominal surgery in the last few years. It is a known fact that the majority of these cases prove fatal when left to themselves. This fact is of itself sufficient to justify the operation. He claims that these cases confirm the views already expressed by him, that all cases of extra-uterine pregnancy are tubal in origin, arising from a ruptured tube about the tenth or twelfth week of pregnancy.

At the recent meeting of the Tennessee State Medical Society, the officers elected were as follows: President, Dr. Thomas L. Maddin, Nashville; Secretary, Dr. C. C. Fite, Nashville; Treasurer, Dr. Deering J. Roberts, Nashville.

CATALEPSY IN A CHILD THREE YEARS OLD. The literature of catalepsy is by no means inconsiderable, but the cases observed during childhood are but few in number. Monti quotes but eleven cases seen in children of from five to fifteen years, the average age being nine years. In the April number of the American Journal of the Medical Sciences, Dr. Jacobi, of New York, reports the first recorded case occurring in a child as young as three years; in it all the symptoms, psychic indolence, normal or abnormal temperature, cold surface, anesthesia, analgesia, *flexibilitas cerea*, and diminished patellar reflex (the latter is frequently intact) were found combined. The increase of urine during a good part of the catalepsy was a remarkable feature, such as is seen in hysteria of both adults and children.

PERMANGANATE OF POTASH IN AMENORRHEA.—Mr. P. Maury Deas, in the British Medical Journal, says that permanganate of potash is a useful and safe emenagogue, free from the disadvantages which attend some other remedies of this class. Its use may be continued for months without any bad effects, and success need not be despaired of even after many months. Even when it fails as an emenagogue it acts beneficially as a general and nervine tonic.

MILK AS A VEHICLE FOR IODIDE OF POTASSIUM.—Dr. E. L. Keyes, in New York Medical Journal, speaks highly of milk as a vehicle for the administration of iodide of potassium. He says that in cases where a large quantity of the drug has to be given, he has found that the stomach does not rebel when milk is used as the vehicle. Ten grains or more of the iodide in a gill of milk make a palatable drink and impart only a mild metallic taste to the fluid, which most patients find not at all disagreeable.

DETACHMENT OF THE RETINA.—Mr. Thompson, in the Medical Press and Circular, reports a case of detachment of the retina, operated on by Wolfe's method two and a half years ago. At the present time the retina seems to be thoroughly attached. The case is of interest on account of the time elapsed without a reappearance of the detachment, since the durability of a cure in these cases has been questioned.

PROFESSOR LEYDEN will succeed the late Professor Frerichs in the Berlin University Medical Faculty.

SERIOUS BRAIN TROUBLE DEPENDING ON TRIVIAL EAR AFFECTION.—At a meeting of the St. Louis Medical Society (Weekly Medical Review) Dr. Williams presented the history of the following interesting case. A young man in Carondelet had been deaf for several years, and during all this time he had dizziness to such a degree that sometimes he would fall. Besides this he had convulsions which were regarded as epileptic. On examination of his ears they were both found to be plugged up with wax; and when this was removed not only did the deafness disappear, but the dizziness and epileptic symptoms also went away. It is well known that affections of the drum may be the cause of the decided dizziness.

A CASE OF PERNICIOUS ANEMIA; RECOVERY.—Dr. Guy Hinsdale, of Philadelphia, records, in the April issue of the American Journal of the Medical Sciences, a case of pernicious anemia, occurring in a male aged twenty-two, extending over more than two years, and terminating in a normal blood count, and full bodily vigor. This adds one more to the list of cases which justify us in having a slightly more hopeful view than we have heretofore commonly entertained of this dangerous malady.

At the recent meeting of the American Surgical Society the following officers were elected for the ensuing year: President, Dr. Moses Gunn, of Chicago; Vice-Presidents, Dr. Christopher Johnson and Dr. T. P. Russell, Baltimore; Secretary, Dr. J. R. Weist, Richmond, Ind.; Recorder, Dr. J. Ewing Mears; Treasurer, Dr. J. H. Brinton, Philadelphia. The next meeting is to be held in Washington.

In habitual constipation, Prof. Bartholow uses the following (Col. and Clin. Record):

R Resinæ podophylli, gr. vj;
 Ext. belladonnæ, } āā gr. iij.
 Ext. physostigmatis, }
 M. Ft. Pil. No. xij. Sig: One pill each night.

BICARBONATE OF SODA in form of an ointment with lard, ʒj to ʒj, is recommended in the treatment of eczema.

DR. OLIVER S. TAYLOR, physician and clergyman, died recently at Auburn, N. Y., at the age of one hundred years.

THE State Medical Society of Pennsylvania will meet at Scranton, Pa., May 27th.

The Louisville Medical News.

Vol. XIX. SATURDAY, MAY 9, 1885. No. 19

H. A. COTTELL, M. D., - - - - - Editor.
J. MORRISON RAY, M. D., - - Assistant Editor.

COLLABORATORS:

J. W. HOLLAND, A. M., M. D., E. R. PALMER, M. D.,
J. A. OCTERLONY, A. M., M. D.

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THE AMERICAN MEDICAL ASSOCIATION.

The recent meeting of the Association at New Orleans was attended by about seven hundred physicians, with a registry of six hundred and fifty-nine delegates.

So far as may be divined from the by no means plethoric reports at this time accessible, the work in the Sections was sound and the addresses and deliberations upon the floor at the general assembly of at least average interest. On the second day, however, a score somewhat above the customary high-water mark was made, in consequence of a breeze stirred up by certain unhappy critics relative to the preliminary work of the Executive Committee of the coming International Medical Congress.

Whatever may be the substrata of the grounds for the vigorous protest of Dr. Shoemaker and his supporters, there would seem to be nothing at the surface in the published "Rules and Preliminary Organization" of the committee that could warrant the accusation that it had made a bargain with the new-code men, nor does a closer scrutiny of the document bring to light aught to discount Dr. Billings's statement that, "Whether the committee had

acted erroneously or not, it had acted to the best of its ability and with pure and honest motives, the character of its members being the best guarantee of this assertion."

A glance at the "Rules and Preliminary Organization" shows that twenty-nine States, the District of Columbia, and Canada have been honored by the appointment of one or more of their distinguished physicians as members or officers of the Councils and Sections. Among these New York leads the van, the State being named on the list sixty-eight times. Pennsylvania ranks next, with forty-eight; Massachusetts follows with thirty-two; Maryland and Illinois tie on twenty-one; the District of Columbia has eighteen, Ohio fourteen, and Missouri eight, while the other States follow with three, two, or one apiece.* It is true that the territories, several of the States in the far West, and two of the Southern States are left out of the count, but so also are two Eastern units of our Union, one a Middle and the other a New England State.

When the relative importance of the great cities of the States as medical centers and conservators of medical talent is taken into account, this distribution of honors, though not above criticism, can not be counted unjust, and we believe that the list in the main, though savoring somewhat of petroleum and cod-fish, will be found to be fairly representative of the profession in America.

But while all this is true, the ethical status of the New York appointees of the committee can not be passed lightly by. It was doubtless thought inexpedient, by the seven wise men who composed the original committee, and the eighteen wise men who later made the number twenty-five, to ignore in these appointments the eminent codo-scismatics of New York, since without these American specialism could not be fully and fairly represented at the Congress. A goodly number of their names, therefore, appear upon the list, but not with a prominence

* These figures represent the number of times each State is mentioned on the list of officers and members of the Councils as the home of the officer or member, not the numbers of officers or members from the given State. The same man may be named several times upon the list.

which would seem to justify the theory that the executive committee had gone out of its way to do them honor.

The question as to whether the judgment of the executive committee shall be sustained or set aside will be a serious one indeed for the committee of reconstruction to answer, since it involves the reopening of the code controversy, a definition of the authority of the American Medical Association in the premises, and the success or failure of the Congress.

The American Medical Association has put itself upon record as a body which can give the code bolters no recognition, and there is no honorable escape from this position. If, therefore, the organization, arrangement, and adjustment of the affairs of the Congress be the duty of the Association, no committee of its appointment can officer the sections or man the councils of this body with physicians who are under the ban of its ethical condemnation.

This is a new field for the old fight, which should be pushed to immediate issue; for it were better a thousand times that we should have no Congress, than that the profession of the United States should waver in principle, and make through its great representative body any concession to the bolting specialists of Gotham.

DR. J. W. HOLLAND, Professor of the Principles and Practice of Medicine in the University of Louisville, has been called to the chair of Chemistry and Toxicology in the Jefferson Medical College, of Philadelphia.

While deeply regretting the going out from us of a loved friend and valued colleague and collaborator, we heartily congratulate our friends of Jefferson and the Quaker City upon having secured the services of a gentleman of Dr. Holland's talents, culture, and learning. He is an able physician, an orator, and an eminent teacher of medical science.

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New Remedies.

Conducted by Simon Flexner, Ph. G.

ACTIVE PRINCIPLES OF CANNABIS INDICA. It would seem that cannabin is not positively the active principle of Indian hemp. A recent examination has revealed two other principles, one of which is said to be quite a pronounced hypnotic. Cannabinon and hashisch are the two bodies, the former being the active one.

TANNATE MERCURY.—The tannate of the protoxide of mercury, or hydrargyrum tannicum oxydulatum, is a remedy for syphilis, introduced by Lustgeven and already quite extensively used in Germany. It is given in doses of one and a half grains, two or three times daily, an hour after meals. It does not produce salivation.—*Medical Record*.

RHIGOLENE.—This body, a very volatile hydrocarbon of petroleum, is noticed in several medical journals as a new local anesthetic. It was introduced and recommended for this purpose by Dr. H. J. Bigelow. Somewhat earlier Prof. Simpson, of Edinburgh, similarly employed "Kerosolene."—*American Journal of Pharmacy.*

ASEPTOL.—This antiseptic, introduced some months ago and widely noticed, owing to its activity and its want of poisonous or caustic properties, has not met with the favor predicted for it. At any rate, its very limited application up to this time would seem to show this.

The form in which it is supplied is a solution containing thirty-three and a third per cent of the substance, Merck, of Darmstadt, being the maker.

Correspondence.

NEW YORK LETTER.

Editors Louisville Medical News:

I know of nothing sensational transpiring just now in New York medical matters, yet I see something of interest every day. The clinics at the Polyclinic are daily growing more abundant, especially so in the children's department, and Profs. Ripley and Milbank are kept quite busy for about an hour and a half each day attending them.

Prof. Ripley's lectures have been especially interesting for the past few days because of some cases of membranous croup that he has had. There is at present an unusual number of cases in this city. Dr. R. brought a boy before his class upon whom he had performed tracheotomy with good result, and at the same time he presented a fresh pathological specimen in which the operation failed to relieve the child, simply because the false membrane extended well down into the bronchi. Dr. R. performs quite a number of tracheotomies in and around the city, having operated one hundred and twenty times, with about thirty-three per cent of recoveries.

There is a new procedure just being introduced by Dr. J. O'Dwyer, of this city, by which it is proposed to supplant tracheotomy, and as I had never heard of it before, and as perhaps many of your readers have not, I will describe it. The doctor has contrived an ingeniously arranged metallic tube, which he has plated

with gold. It is about two inches in length, about the size of a large goose-quill, and somewhat flattened on its sides, having a projecting collar around the upper end which gives the instrument somewhat the appearance of a short, thick fencing-nail in outline. This "trachea-tube," as it is called, is to be dropped into the trachea by means of an ingeniously-contrived holder. The nail-head-like collar at the top of the tube catching on the vocal cords, thus preventing its passing down into the bronchi, and holding it in position. The great difficulty the doctor first experienced with the instrument was that the child would cough it out, but his latest improvement consists in making the tube slightly thicker in its lower half, and thus also increasing its weight, which has quite overcome the difficulty.

Through the kindness of Dr. Ripley I procured a letter of introduction to Dr. F. P. Bissell, physician in charge of the New York Foundling Asylum, on Sixty-ninth Street, and to-day I visited this institution. I saw here a child with diphtheritic croup, who has been wearing one of Dr. O'Dwyer's trachea-tubes for eight days. It seems quite comfortable, breathing freely, and is now convalescent. I was shown several others who had recently been treated for the same disease and in the same manner who are making a perfect recovery. Thus far they have used the tube in the asylum sixteen times with four recoveries, which is a better average than is obtained from tracheotomy.

One would naturally suppose that a solid body so large as the tube I have described could not be tolerated in the windpipe. I confess I could scarcely believe it until I had an ocular demonstration of the fact. The patients operated upon were almost cyanotic, but instant relief has been the usual result; the fatal cases were mostly due to the extension of the membrane downward, or by pneumonia occurring as a complication.

Dr. O'Dwyer's method has one or two advantages over tracheotomy, viz., it is not so horrifying to the parents and friends, and the doctor is not so liable to be accused of killing the child if it dies. Again, it is a means of saving life in the Foundling Asylum, where the church, having a controlling influence in the management of the institution, interposes an objection to tracheotomy, but does not object to the trachea-tube.

I am of the opinion that the cases in which the trachea-tube will prove most suc-

cessful are those of catarrhal laryngitis in young children, commonly called croup; but that in cases of genuine diphtheritic formation upon the walls of the air-passages the instrument can do no good, except possibly in so far as it may make death a little easier.

Speaking of croup reminds me of a little controversy that took place at the Pathological Society, a few evenings since, between Drs. Ripley and Jacobi, as to the character of the respirations in a patient with this disease, Dr. Ripley affirming that they breathe faster than normal, and Dr. Jacobi contending that the respirations are slower than normal. I think Dr. R. got decidedly the better of his opponent. He went on to state the simple reasons why the breathing is faster, the chief point being that if the passage through which a given amount of air must make its way to the lungs to sustain life be made smaller by deposits, the air must pass through proportionately faster, and therefore necessitate a faster movement of the lungs. His argument was so simple and conclusive that it carried conviction with it. About the last response Dr. R. made was said in his own original and peculiar way, thus, "If you don't believe the respirations are faster, *just count them* in the next case you see!"

The hip-joint case—McNamara's operation, by Dr. Wyeth, of which I gave a brief description in my letter of the 9th inst.—is recovering rapidly. The antiseptic dressing was left upon the wound without change for ten days, and when taken off the surface was found covered with healthy granulations, there being not a drop of pus any where about it.

R. B. GILBERT, M. D.

NEW YORK, April 24, 1885.

Societies.

AMERICAN MEDICAL ASSOCIATION.

[SPECIAL TO LOUISVILLE MEDICAL NEWS.]

SECOND DAY: GENERAL SESSION, APRIL 29th.

Dr. F. E. Daniels, of Fort Worth, Texas, offered the following preamble and resolution:

Whereas, At the last meeting of the American Medical Association a committee was appointed to confer with the International Medical Congress, at Copenhagen, with a view to securing the next meeting of that body in 1887 at Washington, and to arrange for the said meeting; and

Whereas, This committee, after accomplishing this object, have proceeded, without authority from this body, to appoint the officers of the Congress, which have been published in detail in the Journal of the Association and other publications, thus giving the aspect of authoritative action on behalf of this Association; and

Whereas, This Association recognizes the committee as a Committee of Arrangements only, and in so far as the duties of the committee have been performed, it declines to indorse the said appointments; therefore,

Resolved, That the Committee on Nominations be instructed to prepare and present to the Association nominations for the officers of the Congress and its various Sections.

After a full discussion of Dr. Daniels' motion, the subjoined amendment was offered by Dr. Keller, of Arkansas. It was adopted by a large majority, and practically closed the controversy relative to the International Medical Congress. It provides that a committee of thirty-eight, one from each State, be appointed to act with the General Committee of the International Medical Congress.

Resolved, That a committee be appointed composed of representatives from each State and Territory, also from the Medical Departments of the United States Army and Navy and Marine Hospitals; that these members shall be added to the original committee of seven, with power to review, alter, and amend the present report of the original committee as they may deem best. The delegates of the respective States in attendance at this session of the American Medical Association shall re-elect the new members of this committee and the presiding officer (Vice-President Lynch) shall appoint all the other members.

AFTERNOON SESSION.

Section on Practice of Medicine, Materia Medica, and Physiology.

Dr. Austin Flint, New York: A Uniform Nomenclature of Physical Signs which occur in Connection with the Respiratory System.

Dr. N. S. Davis, Chicago: The Relation of Clinical Facts to the Contagiousness of Phthisis Pulmonalis.

Dr. H. C. Wood, Philadelphia: Fever as a Neurosis.

Dr. F. Keyt, Cincinnati: Cardiography.

Dr. R. J. Nunn, Savannah, Ga.: The Mineral Foods, and How to Give Them.

Dr. J. V. Shoemaker, Philadelphia: The Treatment of disease by the Hypodermic Injection of Oils.

Dr. James T. Wilson, Philadelphia: The Specific Treatment of Enteric Fever.

Obstetrics.

Dr. N. J. Nunn; The Multiple Speculum Uteri and an Improved Dressing Forceps.

Dr. C. W. Wile, Sandy Hook, Conn.: A New Wire Speculum.

Dr. G. J. Engleman, St. Louis, Mo.: The Improved Technique in Gynecological Operations, Minor and Major.

Dr. Z. Otto, Arkansas: A New Speculum.

Dr. T. M. Healey, Cumberland, Md.: A New Speculum, and a new Vaginal Irrigator.

Dr. Henry O. Marcy, Boston: The Rôle of Bacteria in Parturition.

Dr. A. Reeves Jackson, Chicago: Vaginal Hysterectomy for Cancer.

Surgery and Anatomy.

Dr. N. Senn, Milwaukee, Wis.: The Treatment of Cysts of the Pancreas.

Two Ovariectomies successfully performed on the same patient.

Dr. Joseph Ransohoff, of Cincinnati, reported the case of a young woman, married, twenty-four years of age, from whom Prof. Schönborn, of Königsberg, in Prussia, removed the right ovary, in 1880. At the time of this operation the left ovary was already somewhat enlarged. In 1883 the patient came to this country and enjoyed good health until the summer of 1884, although the abdomen was occupied by a large neoplasm. The essayist saw the patient in last October, and easily recognized an ovarian tumor with very extensive pelvic adhesions. As a vestige of the first laparotomy there was present, a cicatricial band in the median line, two inches in width and extending from the symphysis to within a short distance of the ensiform cartilage. This part of the abdominal wall was exceedingly attenuated and through it the anterior surface of the cyst could be readily distinguished, and the absence of anterior parietal adhesions established. The second operation was performed on the 19th of November, and commenced by an incision in the median line through the cicatrix. When the anterior surface of the tumor was exposed, adhesions were not encountered. After the cyst was emptied, and the pedicle looked for, none could be found. The basal portion of the cyst was firmly adherent to the left portion of the uterus, ureter, and rectum, and the separation of these adhesions would with little doubt have been followed by the death of the patient.

It was, therefore, determined to sew the basal part of the cyst into the lower portion of the abdominal wound, and to insure against the recurrence of the disease or the formation of an intractable fistula by de-

stroying the secreting surface of the small portion of the cyst which was left. Ten silver wire sutures and the free use of the thermo-cautery accomplished these objects. With the exception of a pelvic abscess, which was opened three weeks after the operation, the patient made a slow but perfect recovery. Since the operation she has menstruated four times, each period lasting from three to five days.

In commenting on this case the essayist gave some statistical information on the relative frequency of bilateral ovarian disease, and the increased dangers of double as compared with single ovariectomies. On account of said increased danger, he advises conservatism in treating the less diseased ovary by the most radical measures, particularly, since in thirty-two cases which he has tabulated, and in which ovariectomy was twice performed on the same patient, fourteen children were born during the interval between the two operations.

The essayist regarded the method of treating the cyst as the most important practical feature of the case. While the operation of sewing a small and remaining portion of the cyst wall is not new, it is not often practiced, and should never be resorted to except from necessity. For this special incomplete operation, applicable to all abdominal cases, the essayist suggested the term "ventro-cystorrhaphy." By it the remaining portion of the cyst can be treated by the extra-peritoneal method, and the danger of relapse or fistula can be averted by the free use of the thermo-cautery on its lining membrane.

Ophthalmology, Otology, and Laryngology.

Dr. R. E. Murrell, Little Rock, Ark.: Determining Errors of Refraction by Double Images and a Parallax.

Dr. H. Harlan, Baltimore: A Case of Hereditary Glaucoma.

Section on Pediatrics.

Dr. R. J. Nunn, Savannah, Ga.: Successful Results of a New Treatment of Diphtheria.

Dr. H. R. Kelley, Galion, Ohio: The Treatment of Diphtheria in Children.

Oral and Dental Surgery.

Dr. T. W. Brophy, Chicago: Epulis Tumors.

Dr. O. J. Coskery, Baltimore: A case of Sarcoma of the Lower Jaw, with successful removal.

On Wednesday evening, Dr. and Mrs. T. G. Richardson, and Mr. and Mrs. Cartwright Eustis, gave elegant receptions at their palatial residences which were very much enjoyed by the large numbers who attended.

The Louisiana Jockey Club gave the Association, on the same evening a complimentary promenade concert and dance at their rooms, which was also very enjoyable.

The attendance so far has reached seven hundred, a very good turn out for this corner of our country.

THURSDAY, APRIL 30th—THIRD DAY.

The session was opened with prayer. The Committee of Arrangements submitted an additional report, and the reading of the roll of members was, on motion, dispensed with.

The amendment to the by-laws offered by Dr. Foster Pratt, of Michigan, last year, that each section shall, in the future, elect its own officers, was called up.

Dr. A. S. Purdy, of New York, thought that the effect of the amendment would be to split the Association into so many smaller associations.

Dr. N. S. Davis thought that the amendment was defective, inasmuch as it did not specify the time of election.

On motion, its further consideration was postponed until next year.

Dr. N. S. Davis, on behalf of the Committee on Meteorological Conditions and their Relation to the Prevalence of Diseases, reported that the committee had endeavored to secure full reports from the twelve principal cities of the Union through the official bureaus. It had made a special study of ozone production and its value, and also of its tests. Of these, Schönbein's paper is the best, but it reacts to other agents. Thallium was found to be very sensitive. Observations were interrupted in some cities by changes of residence of observers. Physicians were requested faithfully to record the beginning of all epidemics. He said it was difficult to secure such service, as many promise and do not perform; yet he thought that accumulating material will permit the committee in after years to report conclusions of value. The report was accepted.

Dr. Davis also presented a report from the Committee on the Collective Investigation of Disease, which was appointed to act in coöperation with the committee of the British Medical Association. He stated that at the International Medical Congress

held at Copenhagen an International Committee had been appointed, with members from Denmark, Sweden, Russia, Germany, France, and England, and North and South America. A sub-committee had been appointed to consider subjects for consideration and to tabulate a programme to be distributed throughout the world. The committee had decided that few questions should be asked, that they should be simple in character, and that they should relate, (1) To geographical distribution, (2) to prevalence of diseases in certain localities, (3) to other etiological factors not so connected.

The report asked that the committee should be discontinued, with instructions to urge upon other societies to take up the work. Several States, among which are Illinois and Pennsylvania, have already done so.

Dr. Davis, from the Special Committee to report Explanatory Resolutions of certain sections of the Code of Ethics, stated that the committee had given the subject due consideration, and respectfully submitted the following brief report in the form of preamble and resolutions:

Whereas, Persistent misrepresentations have been and still are being made concerning the provisions of the code of ethics of the American Medical Association which many, even in the ranks of the profession, are led to believe—as, for instance, that the code excludes persons from professional recognition simply because of difference of opinion on doctrines—therefore,

Resolved, First, That Clause 1, Article IV, of the National Code of Medical Ethics is not to be interpreted as excluding from professional fellowship on the ground of difference in doctrine or belief those who in other respects are entitled to be members of the regular medical profession. Neither is there any other article or clause in the said code of ethics that interferes with the most perfect liberty of individual opinion and practice.

Second, That it constitutes voluntary disconnection or withdrawal from the medical profession proper to assume a title indicating to the public an exclusive or a sectarian system of practice, or to belong to an association or party antagonistic to the general medical profession.

Third, That there is no provision in the National Code of Medical Ethics in any wise inconsistent with the broadest dictates of humanity, and that the article of the code which relates to consultation can not be correctly interpreted as interfering under any circumstances the rendering of professional services whenever there is pressing or immediate need of them; on the contrary, to meet promptly the emergencies of disease, of accident, and to give a helping hand without unnecessary delay, is a duty fully enjoined on every member of the profession both by the letter and spirit of the entire code. But no such emergencies or circumstances can make it necessary or proper to enter

into formal professional consultations with those who voluntarily have disconnected themselves from the regular medical profession in the manner indicated by the preceding resolution.

Adopted.

Dr. Duncan Eve, of Tennessee, then delivered the address in surgery. He reviewed many points in the history of surgery from the most ancient to the present time. He dwelt upon the improvement in the treatment of fractures of the skull, cleft palate, and vesical calculi, and in the application of orthopedic apparatus. The address closed with an eloquent eulogy upon the late Dr. Gross.

The treasurer's report showed a balance of \$932.11, and exhibited an increase in the receipts over last year of \$320. The provisions made last year for the increase of membership have added one hundred and twenty-five names to the roll.

The Committee on Publication presented their report, in which they stated that they had done all in their power with the small means at their disposal. They wished to place on record their high appreciation of the services of Dr. Davis as editor. The Journal is free from debt. The number of members entitled to receive it is 3,050, the number of subscribers is 850, and the exchanges and advertisers require 120 more. The total number of copies published is 4,200, and the probable income is not much less than \$6,000. The total income from dues is \$21,000. The expenses are \$12,000, not including the expenses of the editorial office. The committee concluded to retain the publication at Chicago, and had unanimously requested Dr. Davis to continue as editor, which he has consented to do under certain conditions.

Dr. Davis spoke at length of the difficulties in the way of conducting the Journal, and advised the exercise of prudence and patience, with a careful husbanding of resources. He opposed increasing the annual dues, as it would have the effect of decreasing the number of members—especially of new members. He said that with application and patience in ten years the Journal would stand in the lead.

Dr. Harvey Reed, of Ohio, moved that the Association offer prizes for the first and second best papers containing original research presented in each section yearly.

Adopted.

Dr. J. B. Roberts, of Philadelphia, from the Section on State Medicine, offered a resolution recommending the appointment

in each State of an examining board, whose certificate shall be a license to practice. Laid on the table temporarily.

The committee appointed to consider the advisability of erecting a monument to Benjamin Rush in the city of Washington recommended that such monument be erected by dollar subscriptions, and provided for the appointment of a committee to carry out the object of the resolution.

The Nominating Committee then presented the following list of officers for the ensuing year :

President—William Brodie, M. D., of Michigan.

Vice-Presidents—Samuel Logan, M. D., of Louisiana; A. Y. P. Garnett, M. D., of the District of Columbia; Charles Alexander, M. D., of Wisconsin; and W. F. Peck, M. D., of Iowa.

Section of Medicine—J. T. Whittaker, M. D., of Ohio, Chairman; B. L. Coleman, M. D., of Kentucky, Secretary.

Section of Obstetrics—Seth C. Gordon, M. D., of Maine, Chairman; J. F. Y. Paine, M. D., of Texas, Secretary.

Section of Surgery—N. Senn, M. D., of Wisconsin, Chairman; H. H. Mudd, M. D., of St. Louis, Secretary.

Section of Ophthalmology—Eugene Smith, M. D., of Michigan, Chairman; J. F. Fulton, M. D., of Minnesota, Secretary.

Section of Diseases of Children—W. D. Haggard, M. D., of Tennessee, Chairman; W. B. Lawrence, M. D., of Ark., Secretary.

Section of State Medicine—J. H. Rauch, M. D., of Illinois, Chairman; F. E. Daniels, M. D., of Texas, Secretary.

Section of Oral and Dental Surgery—J. S. Marshall, M. D., of Illinois, Chairman; A. E. Baldwin, M. D., of Illinois, Secretary.

Committee on Necrology—J. M. Toner, M. D., District of Columbia, Chairman.

Judicial Council—R. A. Kinloch, M. D., of South Carolina; D. D. Saunders, M. D., of Tennessee; T. G. Richardson, M. D., of Louisiana; G. A. Ketchum, M. D., of Alabama; George Baird, M. D., of West Virginia; J. M. Toner, M. D., of the District of Columbia; A. M. Pollock, M. D., of Pennsylvania.

Time and place of next meeting—St. Louis, on the first Tuesday in May, 1886.

FOURTH DAY: GENERAL SESSION.

The Session opened with prayer, by the Rev. Sylvanus Landrum. In the absence of the President, Vice-President J. S. Lynch, of Maryland, occupied the chair.

On resolution, the additional International Medical Congress Committee was empowered to elect a chairman and secretary.

The following gentlemen were elected by the States represented by delegates, the blanks to be filled by the Vice-President:

Arkansas, D. A. Linthicum.
 Alabama, G. A. Ketchum.
 California, ———.
 Connecticut, ———.
 Delaware, L. P. Bush.
 Georgia, R. Battey.
 Kansas, D. W. Stormont.
 Louisiana, J. W. Dupree.
 Massachusetts, A. H. Wilson.
 Michigan, A. R. Smart.
 Mississippi, J. M. Taylor.
 New Jersey, W. Pierson.
 New Hampshire, J. W. Parsons.
 North Carolina, ———.
 Pennsylvania, J. V. Shoemaker.
 South Carolina, R. A. Kinloch.
 Texas, J. W. McLaughlin.
 Virginia, W. C. Dabney.
 Wisconsin, N. Senn.
 Colorado, C. Denison.
 District of Columbia, A. Y. P. Garnett.
 Florida, ———.
 Illinois, E. P. Cook.
 Iowa, W. Watson.
 Kentucky, W. H. Wathen.
 Maine, S. C. Gordon.
 Maryland, J. S. Lynch.
 Minnesota, E. French.
 Missouri, N. F. Essex.
 New York, E. Elliot.
 Nebraska, R. C. Moore.
 Ohio, X. C. Scott.
 Rhode Island, W. E. Anthon.
 Tennessee, N. L. Sim.
 Vermont, C. L. Allen.
 West Virginia, G. Baird.
 United States Army, Surgeon Murray.
 United States Navy, Surgeon Gunnell.
 United States Marine Hospital Service,
 J. B. Hamilton.

The Committee on Nominations reported the following additional work:

Trustees of the Journal of the American Medical Association: E. M. Moore, M.D., New York; J. H. Hollister, M.D., Illinois; J. M. Toner, M.D., District of Columbia.

Committee of Arrangements: Chairman, Le Grand Atwood, M.D., St. Louis; Secretary, Wm. C. Glasgow, M.D., St. Louis; Judicial Council, J. K. Bartlett, M.D., Wisconsin. Report adopted.

A report from the Committee on State Medicine was made, recommending that

steps be taken to establish in each State Boards of Examiners of Medical Licenses, whose certificates shall be the only authority to practice in these States. A bill to this effect will be referred to the societies in each State.

A resolution favoring cremation was referred.

Dr. J. A. White, of Richmond, Va., chairman of the Section on Ophthalmology, Otolology, and Laryngology, delivered an address reviewing recent progress in these branches, speaking especially of the new local anesthetic—cocaine.

Dr. J. H. Pope, of Marshall, Tex., chairman of the Section on Children's Diseases, gave an address on that specialty.

A report from the committee appointed to report on the organization of a Section of Medical Jurisprudence was laid over till the next meeting.

Dr. Cochran, of Mobile, offered a resolution, criticising the Committee on Nominations for nominating themselves. After a stormy discussion the resolution was laid on the table.

Dr. M. H. Henry, of New York, was appointed a delegate to the British Medical Association, and on resolution the Secretary was instructed to give others wishing to attend letters of delegation.

A resolution thanking Dr. and Mrs. Richardson, Mr. and Mrs. Cartwright Eustis, the Louisiana Jockey Club, the clergy, the press, and the citizens of New Orleans was presented, put, and passed.

Dr. Wm. Brodie, of Detroit, Mich., the president-elect, was escorted to the chair by ex-Presidents Toner and Richardson. He addressed the Association and thanked them for the honor conferred.

Dr. Campbell made a few remarks, and retired from the chair.

Dr. N. S. Davis, preliminary to moving an adjournment, spoke in a feeling manner of the many ties engendered by the Association.

The registration reached 659.

The meeting adjourned to meet in St. Louis.

On Saturday, May 2d, the Exposition was thrown open to the members of the Association.

Through the courtesy of Mr. C. S. Banfill, of Lake de Funiak, Fla., a number of the gentlemen representing the medical journals at the Association, with their wives, were given an excursion to this beautiful resort, the "Florida Chautauqua."

Selections.

CALOMEL IN THE TREATMENT OF OTORRHEA.—Dr. J. Gottstein, in the Archives of Otology, strongly recommends the use of calomel in the treatment of otorrhea. He says: "During the past year I have used the calomel by way of trial in a number of cases that seemed suitable, especially such as could be submitted to daily observation.

I have satisfied myself (1) that the remedy is absolutely free from irritation to the mucous membrane of the middle ear; (2) that it forms neither upon nor in the mucous membrane any precipitate difficult of removal; (3) that surprising results are often obtained under its use.

Accordingly, since the beginning of the present year, I have in my private practice as well as in my polyclinic, employed calomel in the treatment of all cases of otorrhea in which, following Bezold's direction, I had previously made use of boric acid, alone or as a supplementary means. I withheld the calomel only from such patients as, coming from a distance, I had an opportunity to see but once.

My observations now exceed eighty in number, so that I feel justified in communicating the results of my experience with this method.

My method of procedure is as follows: The ear is in the usual way syringed carefully with a weak sublimate solution (one tenth per cent); the residue of the secretion is forced into the external meatus by the employment of Politzer's method, and then removed by syringing, and finally the ear is well dried with cotton.

The calomel (*vapores parat.*) is then blown in through a powder blower and the auditory canal closed as well as possible by means of cotton. The further treatment is the same as with the boric acid. That on which I lay the most stress is, that calomel, in my opinion, has a much more decided and certain antiseptic action than the boric acid.

I am most anxious to avoid the error into which those writers fall who overestimate the value of the remedies recommended by them. Calomel also fails in some of the cases in which powerful antiseptic action is desired, because considerable tissue alterations in the drum cavity are absent. Yet I have, with no method of treatment, not even with the boric acid, attained such speedy results as I have with this remedy

in acute as well as in chronic forms of otorrhea.

The calomel is also suitable, as is the boric acid, for employment after operations in the middle ear, cauterization with nitrate of silver, the use of the galvano-cautery, and in conjunction with the alcohol treatment. In these cases, the powerful antiseptic action of the remedy is conspicuous.

STRICTURE OF THE URETHRA.—Dr. F. D. Weisse, speaking of stricture of the urethra (*Journal Cutaneous and Venereal Diseases*), says:

1. That stricture consecutive to a gonorrheal urethritis is located, as a rule, in the portion of the urethra which is exteriorly to the triangular ligament.

2. In eighty-nine per cent of cases of stricture from this cause, the passage of an instrument anteriorly to the triangular ligament, and into the bladder, is calculated to produce needless pain and avoidable complications.

3. In expressing the location of a stricture of the urethra, the following terms: "Penile portion, spongy portion, bulb, bulbo-membranous portion, bulbo-membranous junction, membranous portion," lead to a great deal of misunderstanding. It would be well to use, instead of them, the following: "Exteriorly to the triangular ligament, at so many inches from the meatus; and interiorly to the triangular ligament, at so many inches from the meatus."

4. It is important to obtain the relations of the dimensions of the penis to the urethra, as follows: (1) The circumference of the body of the penis in the flaccid state; (2) The length of the dorsal surface of the flaccid penis; (3) The caliber of the meatus; (4) The length of the urethra from the meatus to the triangular ligament.

MALIGNANT DISEASE OF THE TONGUE.—Mr. R. Scot Skirving, discussing the treatment of malignant disease of the tongue, (*Australasian Medical Gazette*) concludes as follows:

1. That the specific treatment of malignant disease has yet to be discovered.

2. That a palliative measure, such as division of the lingual nerve, is a valuable means of diminishing salivation and relieving pain in cases where radical operative treatment is inadmissible. That ligation of the lingual arteries temporarily retards the growth of the neoplasm, and is indicated to restrain otherwise uncontrollable hemor-

rhage from an ulcerated surface, while in cases where a special liability to bleeding exists, where the patient has no blood to spare, where assistants are few and unreliable, and finally, when the patient subsequent to operation can not be kept under immediate supervision, a deligation of one or both arteries may be a wise proceeding as a preliminary to further more extensive operative treatment.

3. That, in our present knowledge of the subject, it is impossible to say that any one form of operative procedure is the best; that each case and its peculiarities must be judged of, as regards operative interference, on its own merits.

4. That without doubt the entire tongue can be removed down to the epiglottis by a strictly intra-buccal operation; that if the disease be really limited to that organ, and if assistants are to be relied on, Mr. Whitehead's method seems to show that the danger of hemorrhage at the operation is in the majority of cases too much dreaded, and that subsequent troubles, such as secondary hemorrhage and septicemia, are infrequent after a cutting operation such as his. In view of the possibility of blood passing down and forming a coagulum in the glottis, it is a wise precaution to have a tracheotomy tube ready in case a sudden laryngotomy should become necessary during the performance of the operation.

5. That if there be special dread of bleeding during the removal of the tongue, if assistance is not of a satisfactory character, and if the apparatus necessary can be relied upon, then a slow removal by the simple or galvano-caustic ecraseur, the latter preferably is, notwithstanding the objections to it of secondary hemorrhage or septicemia, a wise and satisfactory procedure, especially if the chain or wire be passed submentally, after the manner of Barwell, the anterior lingual connections being first severed, as advised by Sir James Paget. Lastly, the submental opening can be utilized to drain through.

6. That if more than the tongue be involved in the disease, as for example, the floor of the mouth, gum textures, or faucial pillars, then if any operation be undertaken, it should be that in which the inferior maxilla is divided, the concluding steps of such operation being effected by cutting, crushing, or burning.

7. And lastly, that the submaxillary glands, if enlarged, are of necessity no bar to operation, but may be removed by exter-

nal incisions; it may be the lingual arteries might at the same time be tied, the tongue removed, and the lateral incisions used for drainage purposes.

ANOTHER LOCAL USE FOR GRINDELIA ROBUSTA.—As the majority of our readers know, we have referred to the use of grindelia a number of times as a valuable application in rhus tox. poisoning, in the proportion of one dram of the fluid extract to eight ounces of water, to be applied freely and often to the affected surface.

Dr. Gatchell, in the New York Medical Times, commends the same agent highly as a topical application in the treatment of stings and bites of insects.

He says: "For some years I have given to patients bound for countries infested with insect pests, a lotion of grindelia robusta, and upon their return they would invariably report that it was all that could be desired as an application to stop the itching, and promote the healing of the mosquito or flea bite. One lady told me that while in Florida her children would come to the house in the evening completely 'frescoed' with insect stings, which would nearly drive them crazy, but that after bathing them and applying the lotion, they would quickly drop into a peaceful sleep, to awake in the morning free from any pain or itching, till they had encountered the pests that day; when the same process would be gone through with in the evening."—*Medical Age*.

DR. C. H. HUGHES, of St. Louis, believes that cholera is essentially a disease of the nervous system.

RUBBING the patient on the left side will arrest infeneling fatal chloroform anesthesia.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department of the United States Army, from April 26, 1885, to May 2, 1885:

Major Chas. C. Byrne, Surgeon, assigned to duty as attending surgeon at the Soldiers' Home, D. C., to take effect May 15, 1885. *Captain Calvin DeWitt*, Assistant Surgeon, upon being relieved by Surgeon Byrne, ordered to report to the Surgeon-General of the Army. (S. O. 94, A. G. O., April 25, 1885.) *Captain Geo. H. Torney*, Assistant Surgeon, U. S. Army, assigned to duty at Fort Monroe, Va. (S. O. 87, Department East, April 25, 1885.) *First Lieutenant Wm. H. Arthur*, Assistant Surgeon, assigned to duty at Fort Niagara, N. Y. (S. O. 89, Department East, April 28, 1885.)

THE
LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, MAY 16, 1885.

Original.

CHRONIC SUPPURATION OF THE LEFT
MIDDLE EAR.*

Mastoid Periostitis; Consecutive Inflammation in
Right Middle Ear; Reflex or Sympa-
thetic Ear Disease.

BY J. MORRISON RAY, M. D.

*Lecturer on Diseases of the Eye and Ear, Spring Course,
University of Louisville.*

J. B., aged twenty, was referred to me by Prof. W. O. Roberts, January 10, 1885. She gave the following history: Has been subject to attacks of earache since childhood; eighteen months ago a discharge from the left ear was noticed. This has been treated without success since its first appearance. During the summer, after a trip down the river at night, the discharge stopped, and after a few days intense pain, swelling, and tenderness appeared over the mastoid region.

The patient consulted an aural surgeon, who incised the swelling and let out quite an accumulation of pus. The incision healed, the discharge from the ear was re-established, and she was in usual health until a week ago, when the discharge again stopped, and was, as before, followed by pain and swelling over the mastoid.

At the present time the pain seems to be most severe in the vertex. On pressure the entire left side of the head is found to be very tender. The skin over the mastoid is intensely red, swollen, and pits on pressure. The watch is heard only on contact with the auricle. With the tuning-fork the sound is much more distinct if the fork be pressed on the mastoid than when the vibrations are passed through the air.

On inspection it is found that the lower and back part of the drum membrane is absent, fully exposing the cavity of the mid-

dle ear, the promontory being plainly visible. The ear is perfectly free from discharge, and when inflated by means of Politzer's air-bag no pus bubbles through the perforated drum. She was ordered to have three leeches placed over the mastoid, and when they should fall off that the bleeding be encouraged for half an hour, when flax-seed poultices were to be kept constantly applied, and changed so soon as they should cool.

There being a slight increase of temperature and a furred tongue, five grains of calomel were ordered to be taken at night, followed by a saline in the morning if needed.

The patient returned on the following day, saying that she had been unable to procure the leeches. The mastoid was still swollen, and she complained of pain and loss of hearing in the other ear. The deafness, she said, had come on during the night. I noticed now upon this side, also, redness and tenderness over the mastoid prominence. The watch was heard only when in contact with the auricle. On inspection the drum-head was found to be intensely red, the blood-vessels forming a dense pannus radiating from the tip of the malleus process. After inflation with the Politzer air-bag the hearing distance for the watch increased to ten inches.

She was ordered to procure the leeches at once and apply them to the left mastoid, after which poultices were to be put to both of the mastoid regions. The ears were also to be syringed every few hours with water as hot as could be borne.

January 13th. The patient feels much better, and says that the hot water and poultice gave her complete relief from pain.

January 15th. The patient is still better, but the vertex and mastoid regions are very tender on pressure.

January 17th. The tenderness over the vertex is better, but over the mastoid pro-

* Read before the Medical Society of Louisville, Feb. 26, 1885.

cess and its attached muscles there is still tenderness. A fly blister applied over the mastoid relieved the tenderness and on the 20th considerable pressure could be made without giving pain. The inflammation of the right drum-head had undergone resolution, and after inflation the hearing distance in the right ear was eighteen inches; in the left, seven inches. The watch used should be heard at a distance of forty-eight inches. There were also signs of a return of the discharge in the left ear, and boric acid in powder was blown into it.

January 25th. All the tenderness had disappeared. The discharge had stopped, and the patient's hearing distance was ten inches in the left ear and twenty-eight inches in the right after inflation.

One of my objects in reporting this case is to show how mastoid periostitis may be successfully treated by local depletion and hot applications rather than by early free incisions into the parts (Wilde's incision) as recommended by some. In conjunction with Dr. Tansley, assistant surgeon to the Manhattan Eye and Ear Hospital, I treated a series of cases that were seen early in the disease in the manner I have described, and in not one of them was there any formation of pus whatever. If, however, the case is not seen until distinct fluctuation is manifest, the indications are to make an incision and let out the confined pus. But if it be seen before pus has formed, treatment according to the directions given will prevent suppuration.

Cases similar to the one reported are frequently seen in children, and in such subjects may be puzzling to the surgeon. I have seen the swelling often appear at a point above and behind the auricle, extending as far up as the temporal ridge, while the surface of the mastoid was perfectly healthy.

The appearance of the swelling over the mastoid is almost always preceded by a suppuration of the ear. A few cases only of primary mastoidal periostitis have been reported. During a term of service at the Manhattan Eye and Ear Hospital, among the large number of ear cases treated I can remember seeing but two in which the disease was primarily in the mastoid periosteum. Both of these cases occurred in children.

A point of special interest presented by this case is the consecutive inflammation in the right ear, the left being primarily affected. Satisfactory explanation can be given by con-

sidering the inflammation in the right ear as caused by the same conditions which produced inflammation and rupture of the drum-head in the left, namely, naso-pharyngeal catarrh, which was plainly observable in this case.

Reasoning from analogy with the eye in view, the question may be pertinently asked, Can we have a sympathetic otitis? The situation of the ear, the difficulty in studying its pathological condition in disease, and its intimate connection with the throat, must necessarily place in doubt any statement made upon the point in question. The susceptibility of the eye to sympathetic inflammation is well known, and it is a significant fact that the ear is more freely supplied with nerves having the same origin as those which transmit sympathetic influence from one eye to the other. It has but recently been demonstrated that neuralgia, and even inflammation in the ear, may be a reflex expression of disease in other parts of the body. Although Kramer, as long ago as 1838,* stated that old writers on otology believed that many ear troubles were reflex from disease in other parts, such as worms in the intestinal canal, diseases of the stomach, liver, uterus, and from dentition.

Within the last few years it has been proved that neuralgias of the ear may be produced by the irritation of decayed teeth, and Hilton and Burnett† have reported cases of ulceration of the external auditory canal with perforation of the drum membrane that defied all treatment; yet, when a decayed tooth was removed the ulceration began a reparative process at once. Dr. Roosa, in his recent work gives the history of a case of injury to one ear, with diminution of the hearing power in the other, and asks the question, "Why may not a traumatic inflammation of one ear produce a sympathetic plastic inflammation of its fellow?" Weber, Liel, and Urbantschitsch,‡ have reported cases which, after they had tenotomized the muscles in one ear, showed improvement in the subjective perception of sounds, and also of the hearing distance in the other, which was not treated at all. The latter author also states that undoubted sympathy exists between the two external auditory canals, and that he believes the same may exist between the middle ears. Several instances have been reported where improvement of the hearing distance in one ear took place during the treatment of its fellow.

*Diseases of Ear. 1838.

†American Journal of Otology, Vol. II, No. 4. 1880.

‡Lehrbuch für Ohrenheilkunde. 1880.

Every physician is familiar with the occurrence of cough during manipulation of the external auditory canal, and loud shouts in the ear have been known to cause vomiting, involuntary passage of urine, and to set the teeth on edge;* a total loss of sight has been noted by Wauscher† to follow middle ear disease, which was restored when the ear trouble was relieved.

In conclusion it may be affirmed that if sympathetic ear troubles can not be positively established through clinical experience, it is certain that peripheral irritation in the ear is the cause of numerous reflex nervous phenomena.

MEDICAL PRACTICE IN THE FAR NORTHWEST.

BY J. CLARKE M'GUIRE, M.D.

Formerly acting Assistant Surgeon, U. S. Army.

It is possible that the profession will be more or less interested in hearing something of our great Northwest, from a medical stand-point, especially as newspaper reports are usually far from the truth and very unreliable, being frequently nothing more than the advertisements of interested parties.

As to the climate of Montana and Dakota territories, these advertisements describe it as mild and salubrious; but even the buffalo knows better than this, for he goes south in winter, while domestic cattle often perish by hundreds from the severe cold. The temperature frequently falls to -50° F., and so continues for several days. In summer there is the other extreme, 114° F. in the shade. In places the alkali dust is so thick that the ground looks as if it had been covered with snow, and the traveler, in passing through it, looks as if he had been dusted with a box of confetti at the carnival.

In Dakota there are miles of country called the "Bad Lands;" so dead, desolate, and barren are they, that one in beholding it, is forcibly reminded of a telescopic view of a portion of the moon's surface. Though the heat of summer is so intense, for a person to be overcome by the heat is unknown. The sky is so clear that the idea of distances and size of objects is lost—the summits of mountains ten or twelve miles distant seem close at hand. Considering the extreme

heat and cold, the sudden and decided changes of temperature, this part of the world could hardly be recommended as a health resort for the sick.

Though portions of Montana Territory are of high altitude, the air clear and dry, cases of chills and fever are sometimes seen there. This may be explained on the theory of the latency of the malarial poison, the symptoms of malaria not appearing till developed by some exciting cause. Sometimes there is fever ushered in by a distinct chill, the temperature quickly rising to 103° or 104° F. The fever and gastric symptoms resemble those which are common in remittent fever, while the intestinal and abdominal symptoms are similar to typhoid. The local physicians call it "Mountain Fever," but this seems to be a favorite expression when they are confused as to their diagnosis.

In this high altitude, new-comers, especially females, often suffer from fainting spells, which may be renewed at frequent intervals, for several years. The natives live an active out-door life, and are particularly healthy. Here, as in some of our Eastern States, the country is overrun with so-called doctors of medicine. Some of them are not only non-graduates, but have not even studied the most rudimentary branches of the healing art. These fellows would sew up the wounds inflicted by the teeth and claws of a bear; leave a patient to suffer from an unsupported fracture of the leg, calling the displaced ends of the bone, callous; or treat a venomous snake-bite simply with moist leaves. There are, however, others of undoubted ability, graduates of our best colleges, who have drifted to this country from force of circumstances, or have been allured to leave "God's country," to try their fortunes in the "glorious West."

Though the proportion of physicians to the population is not much greater than with us, they are mostly congregated in the small cities. In a village of a thousand inhabitants there may be found six or seven, one to about every one hundred and fifty inhabitants.

A personal experience will very well illustrate the class of people the young M. D. will have to treat in the sparsely populated country and the small trading posts.

While an acting assistant surgeon at a military post in Montana, I was called to go a few miles distant, to see a man who had received a bad compound comminuted fracture of the arm. The bone was com-

* Kramer, Diseases of Ear. 1838.

† Archives Otolgy, Vol. XII, Nos. 3 and 4.

pletely shattered and the artery ruptured. When informed that his arm would have to come off, I was rather startled to see him draw a pistol from under his blanket, and remark that he would put a ball through me if I attempted it. Of course, I agreed with him then that, under the circumstances, amputation was not absolutely necessary.

To add to the disappointment of the new-comer, he will find the people as a rule strong and healthy. How do the surgeons contrive to make a living? The majority of them do not succeed, they remain till their money is exhausted, and then drift into other pursuits, or engage to do professional work for their board and passes over railroads. In fact they are so numerous and impecunious as to almost verify the statement, that when a man fell and broke his leg in the street of a small town, they rushed upon him in such numbers that the mayor was compelled to read the riot act.

Should any young physician ask my advice about going to the Northwestern territories, I should most assuredly say, don't. Though the cities in the East seem to be overcrowded, and the proportion of physicians is increasing every year, I believe that he will have a better chance of success here, than in the West. If he who braves the hardships, by chance meets with success, such success amounts to little. Though his fees may be comparatively large, the necessities of life are correspondingly high; it means hardly a living, with no prospect of doing better, for not one town in a hundred grows beyond a few thousand inhabitants.

Not long since, a description of how the doctors do in Texas appeared in the New York Medical Record, from which I quote a passage which may be said to apply in full force to Montana. "There ain't no board of health here, and nobody asks no questions; the only thing, office rent is high, and has to be paid up in advance, as everything else. The doctors are inclined to be offish and unsociable like, but the people is friendly enough. It is because they don't want nobody to come in competition. You can come right along without being afeared of any examining board or license."

LOUISVILLE, KY.

THE President has appointed Dr. George M. Sternberg, U. S. A., to represent this country at the International Sanitary Conference, to be held in Rome during the present month.

Miscellany.

KENTUCKY STATE MEDICAL SOCIETY.—The Thirtieth Annual Meeting of the Kentucky State Medical Society will be held at Crab Orchard Springs, Lincoln County, Kentucky, on Wednesday, Thursday, and Friday, June 24, 25, and 26, 1885, commencing on Wednesday, June 24th, at two o'clock P. M.

The indications at present point to a large attendance, and all sections of the State will be represented.

The proceedings will be characterized by exceptionally well-prepared essays upon subjects of general interest to the profession—essays embodying the results of original clinical observation, and experimental investigation in many of the more important departments of medicine and surgery will be presented.

Voluntary papers from all the members are respectfully solicited, and those intending to read papers will please furnish the title to the Secretary by June 15, 1885.

The management of Crab Orchard Springs will entertain members and their families at \$1.50 each per day. The Committee of Arrangements is actively at work, and every thing that will conduce to the pleasure or comfort of the members may be expected.

Committee on Arrangements, Edward Alcorn, M. D., Chairman, Hustonville, Ky.; L. S. McMurtry, M.D., Danville, Ky.; J. Steele Bailey, M. D., Stanford, Ky.

A full attendance is confidently expected. S. M. Letcher, Permanent Secretary; Pinckney Thompson, M. D., President, Henderson, Ky. [Official Announcement.]

IODIDE OF POTASSIUM IN INFLAMED BREAST.—Samuel Welch, M. R. C. S. E., in Medical Press, says: Having been frequently disappointed with the ordinary remedies in the highly troublesome condition arising from the presence of milk in the breast after the death of the child, or in cases of still-born children, and having found that the effects of belladonna are often uncertain, and that purgatives, although certainly useful, are frequently unreliable, I determined to try the effect of iodide of potassium applied locally in the form of an ointment, and I have met with great success from its use in this manner. The system I pursue is the following: I have the breast suspended in a sling, to pre-

vent all dragging and pressure exerted on it, by means of folded napkins. I then order a free inunction of the iodide of potassium ointment three times a day, administering purgatives internally. For the first two or three days, should it be necessary, I have the milk drawn off once daily by the nurse, and find almost invariably that after a few days all troublesome symptoms pass away, and any anxiety on the score of the milk is removed.

HEALTH IN MICHIGAN, APRIL, 1885.—Reports to the State Board of Health, Lansing (Henry B. Baker, Secretary), by regular observers in different parts of the State, show the diseases which caused most sickness in Michigan during the month of April (four weeks ending May 2d), 1885, were rheumatism, neuralgia, bronchitis, consumption, intermittent fever, tonsillitis, influenza, pneumonia, remittent fever, erysipelas, diarrhea, nephritis, whooping-cough, scarlet fever, diphtheria, cerebritis, and measles.

For the month of April, 1885, compared with the preceding month, the reports indicate that intermittent fever increased, and that pneumonia, influenza, and tonsillitis decreased in prevalence.

Compared with the average for the month of April in the seven years, 1879–1885, measles, intermittent fever, remittent fever, pneumonia, diphtheria, and scarlet fever were less prevalent in April, 1885.

For the month of April, 1885, compared with the average of corresponding months for the seven years, 1879–1885, the temperature was slightly lower, the relative humidity was more, the absolute humidity was slightly more, and the day and the night ozone were considerably less.

Including reports by regular observers, and others, diphtheria was reported in Michigan in the month of April, 1885, at 30 places, scarlet fever, 27, measles, 17, and smallpox at 3.

QUININE IN EXCESSIVE VOMITING OF PREGNANCY.—Dr. Windelschmidt (*Allgern Medical Central Zeitung*; Medical Press and Circular) was led from observing the effect of quinine in some nervous disturbances in females to try it in the excessive vomiting of pregnancy, and gave it in doses of 5, 7½, and 15 grains for five or six days together. In cases of morning sickness it was given before the patient arose, and when it came on at other times, before the usual time of its

occurrence. It never failed. As very bad cases do not rise at all during the day, one would be inclined to suspect that Dr. W.'s cases were not serious. This may account for the signal success of the drug.

THE ENDEMIC IN THE WYOMING VALLEY. At the time of our going to press, May 8th (New York Medical Journal), the news from the plague-stricken town of Plymouth, Pa., is to the effect that there are fourteen hundred of the inhabitants sick with the fever that has been raging there for several weeks past. The destitution and dismay which are so apt to follow in the wake of a pestilence are also pictured vividly in the dispatches to the newspapers. As is so commonly the case, the most dismal feature of the matter is the probability that all this suffering might have been prevented by proper sanitary precautions.

FRACTURE OF TRANSVERSE PROCESS OF THE ATLAS.—Dr. L. C. Armstrong, in New York Medical Journal, reports a case of fracture of the transverse process of the atlas. The patient was struck a violent blow from behind, and fell to the ground insensible. At the autopsy the vertebral vein was found ruptured; there was a displacement at the atlo-axoid articulation, and a fracture of the right transverse process of the atlas. This fracture he considers rare, as only one is reported by Hamilton in his work on fractures.

At the recent meeting of the American Surgical Association the following honorary members were elected: Sir Joseph Lister, Sir James Paget, Mr. J. Eric Erichsen, London; Mr. Thomas Annandale, Edinburgh; Prof. Esmarch, Kiel; Prof. Von Langenbeck, Berlin; Prof. Czerny, Heidelberg; Prof. Von Nussbaum, Munich; Prof. Volkmann, Halle; Prof. Billroth, Vienna; Prof. Verneuil, Paris; Prof. Ollier, Lyons.

THE Medical Press and Circular states that since the appearance of cholera at Valencia, the physicians there have made numerous experiments by inoculating adults and children with the choleraic virus. The faith of the local physicians and of persons of all classes in these experiments is so great that in one afternoon three hundred persons were inoculated. The physicians say that phenomena similar to those noticed in France last year have been observed.

MUSCLE FROM A DOG TRANSFERRED TO A WOMAN'S ARM.—The truth of the following, from the New York World of May 1st, is vouched for by good authority. An unusual surgical operation was recently performed in Bellevue Hospital. This is the first time that what is known as muscle-grafting has ever been done in the United States. It has been performed by Prof. Valeria, of Denmark.

Annie Finnell, twenty-three years of age, earned her living as a laundress. In July, 1884, she met with an accident by which she lost the use of her right arm. While engaged at her work she was so unfortunate as to catch her hand between the rollers of a mangle at the laundry. Her arm was drawn in between the rolls. No bones were broken but the forearm was crushed, and suffered deep laceration just below the elbow-joint. The muscles were badly torn at the elbow. This was accompanied by much loss of tissue. It required several weeks to heal the wound, and the member was crippled. She was able to move her arm only with great difficulty and practically lost the use of her fingers. Crippled as she was, she was unfitted for work, and without means to employ surgical aid applied for treatment at Bellevue Hospital.

She entered the hospital on February 17th, but there was great delay in reaching her case. Muscle-grafting was considered the only method that could be employed that would restore to her use of the arm. Finally it was arranged that the operation should be performed on April 5th. It took place in the amphitheater or the public operating-room of the hospital. Besides the full surgical corps a large number of medical students were present. One of the visiting surgeons conducted it and it lasted half an hour. A healthy dog was secured, which was to furnish the muscle that was to take the place of the wanted tissue.

The young woman was put under the influence of ether and placed upon the operating table. The full nature of the operation had not been explained to her, but she fully realized that an experiment was to be performed that might restore to her the use of her arm. Alongside the operating-table, on another table, the dog was laid. An anesthetic was also administered to it. An incision was made in Miss Finnell's arm at the seat of the injury and the flesh laid open. The ends of the contracted and paralyzed muscles were cut off to give a

raw fresh surface. It was expected that by supplying live muscle the blood-vessels would act upon the new part and that transfusion of blood would immediately follow, furnishing life to the transplanted muscle.

The surgeon by a quick stroke of his scalpel, cut open the thigh of the senseless canine. From the main muscle or the tendon of the animal he severed a strip four inches long and two wide. Almost instantly, and before contraction could set in or its living influence be deadened, the muscle was transplanted into the open arm of the laundress. After this had been done the patient's arm was sewn up and bandaged and to nature was left the rest. The dumb animal that had furnished the living flesh was bandaged up and tenderly treated. Apparently neither patient nor victim experienced any pain or suffered by the operation.

The delicate and novel performance was watched with great interest by those present. The introduction of new muscle into the arm of Miss Finnell has wrought great changes in that member. The experiment has proven very successful. A little more than three weeks has elapsed since the operation was performed, but the young woman is now able to move her arm with little difficulty. It is a trifle less limber than before she met with her accident, but the surgeons expect that the stiffness will wear off with time. She has also regained the use of her fingers, and marvels at the wonderful transformation.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department of the United States Army, from May 3, 1885, to May 9, 1885:

Major Jos. H. Bill, Surgeon, ordered for duty as member of Army Medical Examining Board, New York City, N. Y. *Capt. Wm. G. Spencer*, Assistant Surgeon, from Department East to Department Dakota. *Capt. Louis Brechemin*, Assistant Surgeon, from Department East to Department Platte. *Capt. Wm. B. Davis*, Assistant Surgeon, from Department Dakota to Department East. (S. O. 100, A. G. O., May 2, 1885.) *Major George M. Sternberg*, Surgeon, detailed to attend as a delegate, on the part of the Government of the United States, the Sanitary Conference to be held at Rome, Italy, on May 15, 1885. (S. O. 103, A. G. O., May 6, 1885.) *Capt. Stevens G. Cowdrey*, Assistant Surgeon, assigned to duty as Post Surgeon, Fort Bliss, Texas. (S. O. 65, Department Missouri, May 2, 1885.) *First Lieutenant M. C. Wyeth*, Assistant Surgeon, ordered for temporary duty at Fort Wadsworth, N. Y. H. (S. O. 95, Department East, May 6, 1885.)

The Louisville Medical News.

Vol. XIX. SATURDAY, MAY 16, 1885. No. 20

H. A. COTTELL, M. D., - - - - - Editor.
J. MORRISON RAY, M. D., - - Assistant Editor.

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INTESTINAL OBSTRUCTION TREATED BY WASHING OUT THE STOMACH.

Attention, it is claimed, was first drawn to this subject by Kussmaul (*Berl. k. Woch.*, No. 43, 1884), who reported four cases of ileus relieved by siphoning out the contents of the stomach and the injection of warm water. More recently the subject has been discussed before the Berlin Medical Society, and Senator adds three cases to those of Kussmaul. One of these was a case of acute occlusion of seven days' duration, with excessive vomiting and impending collapse. Medication being of no avail, a tube was introduced and the stomach irrigated with warm water. The symptoms were immediately relieved, and on the next day, after another washing out of the stomach, a normal evacuation of the bowels occurred. This procedure was subsequently repeated four times with marked relief to the patient, who, however, eventually succumbed to a permanent obstruction, which was found, post-mortem, to be due to chronic tubercular inflammation of the peritoneum.

The second case was one of carcinoma. In this irrigation gave great but, of course, only temporary relief.

The third case was one of acute obstruction. This was permanently relieved.

Dr. J. T. Whittaker, in the Cincinnati Medical News, April, 1885, gives the history of a case of obstruction in which he employed this method of treatment, and calls attention to the fact that so long ago as April, 1880, he had read before the Cincinnati Academy of Medicine the notes of a case treated in like manner. In this, although irrigation gave relief to the distressing vomiting, the issue was fatal.

Dr. Whittaker would therefore seem to be the originator of the measure, which, if he establish the claim, will be but one of many proofs of his sagacity in dealing with difficult therapeutic problems.

The good results so often obtained by this procedure are explained upon the following theory: First, that the stomach and intestines above the point of obstruction are emptied of all accumulated material, which, supplemented by evacuation from below, gives room in the abdomen for the free movement of the bowels. Second, the chief hindrance to peristaltic action being thus removed, spasm is allayed, the natural vermicular movements are restored, and the gut is placed under the best possible conditions for extricating itself from invagination or volvulus, or the pushing onward of obstructing masses.

The method of performing the irrigation is simple. A tube is introduced into the stomach and its contents withdrawn, after which warm water is injected and brought again to light. This is usually continued until the fluid coming away is clear. The procedure is repeated as often as the symptoms may call for it, a return of nausea and vomiting indicating that the stomach is again filling with intestinal accumulations. The only contra-indication to the measure would seem to be gastric ulcers, but Debove claims that by the use of a soft tube and the exercise of due care against overdistension with water, irrigation may be practiced in spite of the ulcer, and without fear of perforation.

Recent advances in abdominal surgery have made laparotomy justifiable in all cases of intestinal obstruction which, in reasonable time, give no evidence of spontaneous cure; but this operation is too hazardous to be thought of so long as simpler measures hold out a reasonable hope of success.

The above noted procedure is rational and without danger, and being applicable in all cases, and not without promise of good results, it will doubtless come into early favor with the conservative physician, who may thereby be able to save not a few desperate sufferers from the dread ordeal and doubtful issue of a capital operation.

DR. JOHN J. SPEED.

This well-known physician died at his home, in Louisville, on the morning of the 6th inst. Although he had been in feeble health for some months, his death was sudden and unexpected.

Dr. Speed was born in Bardstown, Ky., in 1816. He received his literary education at St. Joseph's Academy, and graduated in medicine from the Transylvania University.

He passed his period of professional probation in his native town, from which place he moved to Crawfordsville, Ind., and entered substantially upon the practice of medicine. In 1850 he came to Louisville, where for thirty-five years, as practitioner, professor, and sanitarian, he has done honor to his calling through an ever-widening sphere of influence.

Dr. Speed possessed a vigorous intellect, to which endowment he added the equipments of profound learning and broad culture. A philosophical thinker and a writer of rare talent, he made many contributions to current medical literature, and was a popular essayist before the Sanitary Councils and the State and local medical societies. His sentences were brief, direct, and vigorous; but always carefully finished and marked by peculiar grace of diction. On the rostrum or

the assembly floor, he was of dignified presence. He spoke with force and fluency, always to the point, and commanded respectful attention.

Dr. Speed was earnest, humble, and sincere in his daily walk and conversation, above all meanness, beyond all vanity; just to his professional brethren, helpful to his patients, true to his friends, devoted to his family, a physician, a Christian, and a gentleman.

Bibliography.

Schedule of Lectures on Mechanical and Operative Orthopedic Surgery. By Prof. Milton Josiah Roberts, New York Post-Graduate Medical School and Hospital.

Insanity and Divorce. The Neuropathic Conditions and Treatment of Cancer, etc. By C. H. Hughes, M. D., St. Louis, Mo. Reprinted from *Alienist and Neurologist*, April, 1885.

Catalepsy in a Child Three Years Old. By A. Jacobi, M. D., Clinical Professor of Children in the College of Physicians and Surgeons of New York. Reprint from the *American Journal of Medical Science*.

Many Drugs: Few Remedies. By G. T. Welch, M. D., Keyport, N. J. Member of the Monmouth County Medical Society, etc. (Reprint, *New York Medical Record*.) Patterson, N. J., Guardian Printing Establishment. 1885.

The Oleates; an Investigation into their Nature and Action. By John V. Shoemaker, A. M., M. D., Lecturer on Dermatology at the Jefferson Medical College; Physician to the Philadelphia Hospital for Skin Diseases, etc. Philadelphia: F. A. Davis, Attorney, 1217 Filbert Street. 1885.

There will be issued, by the New England Publishing Co., Sandy Hook, Conn., during the month of May, a book entitled *Berlin as a Medical Center*, by Horatio R. Bigelow, M. D., of Washington, D. C. This book will be a complete and accurate medical guide to Berlin, giving instructions in reference to board, clinics, lectures, expenses, etc., and all information that will be necessary for the medical student abroad. The price will be \$2.00.

Epilepsy. By L. W. Baker, M. D., Superintendent of a Hospital for Epileptic Children, Baldwinville, Mass. Reprinted from the *Journal of Nervous and Mental Diseases*, Vol. XII, No. 1. January, 1885.

The Sanitary Monitor. A Monthly Journal devoted to Individual, Family, and Public Health. J. F. Winn, M. D., editor and proprietor, Richmond, Va. May, 1885; Vol. 1, No. 1.

This monthly will be devoted to the discussion of all matters that promote health, including hygiene in all its relations, heating, ventilating, sewerage, drainage, etc. With so worthy an object in view it will doubtless be warmly supported by those who are interested in the prevention of disease and the growth of hygienic knowledge.

The Southern Bivouac. B. F. Avery & Sons, publishers of "Home and Farm," have purchased the Southern Bivouac, and the June number, much enlarged, will be the first of the new series. The magazine will hereafter be under the editorial charge of General Basil W. Duke, and Richard W. Knott. As formerly, war papers will be the special feature of the magazine, but each number will have literary articles illustrating all phases of Southern life, the purpose being to make it, in every sense, a representative literary magazine.

The June number will contain a brilliant article on the Battle of Franklin, by Major D. W. Saunders, and an account of General John H. Morgan's escape from prison. Paul H. Hayne will contribute an article on "Southern War Lyrics," and Harrison Robertson a characteristic poem.

Societies.

ILLINOIS STATE BOARD OF HEALTH.

At the regular quarterly meeting of the Illinois State Board of Health, held in the city of Chicago, April 16th and 17th, the Secretary, in his usual report, stated that fewer certificates entitling to practice in the State have been issued to physicians during the past quarter than during any corresponding period in the history of the Board. To graduates upon diplomas from medical colleges in good standing, one hundred and sixteen, and to two others upon examination in branches omitted by their respective colleges; also two to non-graduates upon proof of over seventeen years' practice in the

State. There were twenty-two applications for certificates rejected through failure to comply with the requirements of the Board—which is also less than the usual proportion of such cases.

The Cholera. In connection with efforts made to secure information from the National authorities concerning the status of cholera abroad, attention is called in the report to the cable dispatches received by the newspapers during the meeting—announcing that the French, Italian, and Portuguese governments had ordered a quarantine of detention against Spanish vessels; and the appearance of the disease at Jaen, in the province of that name, in the South of Spain, and at Santiago de Compostella, in the extreme Northwestern province of Corunna—the same dispatch saying that the panic in Spain over the spread of cholera is increasing as reports continue to arrive, showing that new points are being constantly attacked; that the government is taking energetic measures to isolate infected towns; and that a circular of warning has been sent by telegraph to the authorities of all the provinces, cautioning them against the admission of persons or goods from twelve specified towns, all of which are officially stated to be more or less infected.

Simultaneously with this latter information, the first official statement was made public by the Secretary of State, who announced, on the 18th of April, the receipt of a dispatch from the United States Consul-General, at Madrid, saying "that he is informed by the director-general of health that there is no cholera in Spain, and that the cases recently reported in the province of Valencia are not cholera." The Spanish Government has instructed its ambassadors to protest against quarantine restrictions, and a dispatch of the 19th inst., from Barcelona, also asserts that the disease is not Asiatic cholera, but cholera morbus or cholerine due to local causes, the outbreak at Alcira, near Valencia, for example, being caused, it is claimed, by the failure of the regular water-supply, in consequence of which "the people have been drinking from a canal which was tainted by paper mills that use suspicious rags."

In view of these contradictory statements, and in the absence of full and authentic information from the National health authorities, sanitarians are justified in regarding, for precautionary purposes, the disease now so widely spread through the littoral provinces of Spain as true Asiatic cholera, and

in apprehending present danger of its introduction into this country through commercial intercourse with the Spanish possessions in the West Indies—Cuba, Porto Rico, etc.—and less directly with those in South America.

Attention is also called to the fact that the country is threatened with an influx, by emigration from Italy, of a people reduced to the verge of beggary and starvation by last years' cholera epidemic and its results. The low rates of passage will tempt to violation of the law against overcrowding with all the suffering and insanitary conditions which will thence result. The poverty of the people and their modes and habits of life will add to the evil; and increased burdens and responsibilities will be thrown upon the authorities of every port at which these immigrants land, as well as upon the communities in which they may settle. These considerations may make it necessary to begin the work of sanitary supervision of travel and quarantine along the State boundary lines earlier than would otherwise be necessary. Already the first installment of the Italian immigration has arrived in Chicago.

The Board adopted the following preamble and resolutions concerning these matters:

WHEREAS, Prompt, full, and trustworthy information of the existence of epidemic diseases, such as Asiatic cholera, yellow fever, and smallpox, in the foreign ports in commercial relations with this country, is a matter of the first importance to the success of efforts for preventing their introduction or limiting their spread; and

WHEREAS, It is understood that, under the authority conferred upon the President by Sec. 1752 of the Revised Statutes of the United States, consular officers and other foreign agents of the General Government are required to furnish such information: Therefore, be it

Resolved, That the Secretary of this Board be, and he hereby is, instructed to respectfully request of the honorable the Secretary of State that he cause to be transmitted to the office of this Board at Springfield, so much of such information as may be useful in guiding action for the protection of the people of this commonwealth against Asiatic cholera, yellow fever, and smallpox.

On motion of Dr. Clark, it was also

Resolved, That the State Board of Health of the State of Illinois respectfully but earnestly requests the President of the United States to authorize the National Board of Health to use so much of the contingent epidemic fund, appropriated by the last Congress, as may be necessary for preparing and enforcing an adequate system of preventive measures against the introduction and spread of foreign pestilential diseases in co-operation with, and in aid of, State and local health organizations and with especial reference to Asiatic cholera.

Resolved, That the Secretary be authorized to transmit a copy of this resolution to the President.

State Sanitary Survey. The first distribution of the blank inspection returns and accompanying instructions, embracing an aggregate of about 270,000 houses, was completed during the last week of the quarter. This distribution began with Alexander County, and progressed northward to the tier of counties along the Wisconsin line, which was reached in ample time to prepare for work as soon as the weather would permit. Before the middle of the State was reached responses began to be received from localities in the southern counties, and by the close of the quarter one hundred and forty-three towns had been heard from. General publicity has been given to this effort by the press of the State, to secure which special circulars were addressed to the editors of seven hundred and seventy-five different publications.

A blank form for a tabular statement of these inspections has been prepared and printed, and is now ready for distribution. These will be furnished in duplicate sets, one to be returned to the office of the Board. They will show at a glance the actual sanitary condition of any given house and premises at the date of inspection: and in the event of Asiatic cholera or other epidemic infectious disease making its appearance in a locality, they can not fail to be of great practical value, not alone to the authorities of such locality, but also to the Board in indicating without loss of time the direction and manner in which its co-operation, advice, or authority may be best employed.

Sanitary Condition of Chicago. During the Friday morning session, Dr. O. C. DeWolf, Health Commissioner of Chicago, was present by invitation to speak upon the sanitary condition of the city, the work in progress and projected, and the preparations for cholera. From the stand-point of the sanitarian, Dr. DeWolf said Chicago was a clean city, although its muddy streets made it seem dirty. Its low death-rate and the failure of smallpox to spread, notwithstanding thirty-five introductions of the contagion since last June, showed it to be clean in a sanitary sense; and the work now in progress and projected would, he believed, make it clean in appearance as well as in fact. Referring to the house-to-house inspection in the State at large, he said that the health department was also inspecting at the present time about a thousand houses

a week in the worst quarters of the city; in a short time this would be increased, so that by the middle of June he hoped to have all that really required supervision thoroughly inspected and put in good condition. Some nine thousand tenement houses, which are usually a serious sanitary evil in all large cities, are under constant supervision, and he believed them to be as unobjectionable as it was practicable to make such buildings. If cholera should come the preparations were already completed to promptly take charge of the first cases, to furnish medical attendance and nurses, to depopulate an infected house or locality, and to carry out whatever measures were necessary to prevent any spread.

The thanks of the Board were tendered Dr. DeWolf by the President for his very interesting and reassuring statement.

At the afternoon session, Mr. O. C. Guthrie, of Chicago, presented by invitation a brief outline of his plans for the sewerage and drainage of Chicago and its suburbs. Their important features embrace a study of the hydraulics of the Des Plaines River, with reference to the effect of high water upon the cleansing of the Chicago River through the canal (by counteracting the action of the pumps), upon the integrity of the canal itself, and upon the safety of Chicago and Joliet from inundation.

Disinfection and Disinfectants. The Secretary asked leave to submit a copy of the Preliminary Report on Disinfection and Disinfectants made by the Committee on that subject appointed by the American Public Health Association, stating that he had in accordance with a resolution of the Council addressed a letter, March 14th, to Surgeon Geo. M. Sternberg, U. S. A., Chairman of the Committee on Disinfectants, requesting "a plain, practical paper on disinfection and disinfectants for popular use and distribution." Surgeon Sternberg, under date of April 14th, writes: "At a special meeting of the Committee on Disinfectants the paper submitted was carefully considered, and adopted unanimously as expressing the views of this committee with reference to the best methods of disinfection known to us."

As this paper was intended for popular use and distribution, the Secretary suggested its publication in the printed proceedings of the Board.

Dr. Ludlam moved that the copy of the Preliminary Report be received and published as suggested. Carried. It was subsequently ordered that the Secretary pre-

pare a special edition of the paper, embracing only the practical instructions, for the use of local boards of health and health officers throughout the State.

Correspondence.

NEW YORK LETTER.

Editors Louisville Medical News:

In a previous letter I mentioned my visit to the New York Foundling Asylum, and the case of membranous croup, wherein a trachea-tube, invented by Dr. J. O'Dwyer, was being used in lieu of tracheotomy. My interest in the case caused me to make another visit to that institution a week later, when I found the child about well. Dr. O'D. will, in due time, publish a full report of his experiments with this device, which will certainly be very interesting.

Of all the public and private hospitals in this city, and they are numerous, the Foundling Asylum is to me the most interesting, devoted as it is to the care and protection of that unfortunate, and in this city numerous class known as Foundling Infants, the vast majority of whom are the offspring of illicit love. The institution is supported by the city and private donations jointly, the annual expense is, in round numbers, about three hundred thousand dollars, of which amount the city annually appropriates about four-fifths.

The work of the Foundling Asylum may be best understood by a glance at its statistics for the past year, which show that more than three thousand inmates were sheltered during this time. Of these one thousand and fifty-one (1,051) were admitted at an age rarely exceeding ten days. So broad is the scope of this noble charity that foundlings of any nationality or creed are taken in and "no questions asked."

The manner of receiving and providing for the children may be sketched as follows:

Picture to your mind the helpless babe, a day or two old, either laid reluctantly in the crib by some poor heart-broken mother, or abandoned pitilessly under cover of night on the steps, or in the yard of the Asylum. The little one on entering is first registered, receiving a name and number. The next day it is confided to a wet-nurse, who, to secure the charge, must bring a certificate of health and character from a physician.

The wet-nurses are paid a salary of ten dollars per month for taking care of the foundling, and for the time she becomes its foster-mother, being allowed to take it to her own home. She is, however, required to bring the infant to the institution for daily inspection, except in inclement weather. Time passes on, the babe has become a "run-around," and is recalled to the Asylum permanently. The foster-mothers often shed bitter tears over these hapless waifs, having learned to love the little strangers as their own children.

The little one, also, shows grief at the parting, which is soon forgotten in the society of the twenty or thirty "run-arounds," its companions in the nursery, who are as merry over their childish sports as if they were the cherished members of a happy home circle.

The little inmates of the Asylum are under the constant care of the Sisters, who take the utmost pains to exert a loving, home-like influence, and to impress upon them in their babyhood, the principles of truth and virtue. The kindergarten games and exercises form an admirable method of developing their young minds. As the child grows older he is promoted to the class-room, where a few elementary lessons are taught, until about the age of five years is reached. And this brings us to the last scene of this "eventful history." The little foundling is sent with a car-load of forty or fifty others to the West, where homes have been provided for him and his companions.

So strong does the attachment become between the Sisters and their adopted children that the parting scenes, on the occasion of the "annual shippings," are said to be almost heart-rending!

The Asylum has ample hospital facilities; the rooms are clean and airy. The largest ward being at present full of infants of ages not over one year (sixty in number), who are sick of measles. All contagious diseases, except measles, are strictly quarantined in a remote part of the building.

The rate of mortality in such an institution must, of necessity, be very great. Of the four hundred and thirty-six deaths occurring in the house last year, ninety per cent of the children were under the age of one year. A large number of the foundlings are brought in almost in a dying condition; some actually frost-bitten. The three leading causes of death during the past year are set down as follows: Marasmus, 151; gastro-enteritis, 75; pneumonia, 42.

I am under obligations to Dr. F. P. Bissell for much information and many courtesies shown me in the institution.

Since my arrival in the city I have attended several meetings at the New York Academy of Medicine. The Academy is, as is known to many of your readers, the strongest and perhaps the most talented society of medical men in this country. They own a beautiful building, which is situated in a fashionable part of the city, and is thoroughly equipped in every particular. The library contains an immense collection of books and periodicals, which are daily accumulating. The walls of the rooms are embellished with fine paintings of illustrious medical men. The latest addition to this collection is a life-size portrait of Dr. Fordyce Barker, presented to the Academy by Mr. and Mrs. Wm. Astor. Dr. Markoe delivered the presentation speech in his usual happy style.

At the last meeting in the Academy, held by the "Medical Society of the County of New York," April 27th, Dr. J. A. Irwin read a lengthy though interesting paper on the subject of "The Influence of Sea-voyaging upon the Genito-uterine Functions." The doctor had served several years as surgeon on board ship, and his views were largely based upon his own personal observations. Among other things he said that the majority of the females who go to sea have menorrhagia, while a few have the reverse, amenorrhea. Several explanations or theories were given as to the causes of the menorrhagia, such as sea-sickness, the persistent nausea and vomiting having a tendency to cause congestion of the pelvic viscera. The rocking motion of the ship, the exhilaration usually produced by sea air, the stimulating drinks and highly-seasoned food, as served at meals on ship-board, and the listless idleness of the passengers, together with more or less constant sexual excitement, coincident to the close proximity of the two sexes, were each mentioned as promoting causes of excessive menstrual flow. In support of the last mentioned theory, viz., sexual excitement, he cited the case of an old maid, who had reached the period of menopause, and was forty-six years of age, yet her generative organs were so stimulated while on a voyage across the Atlantic, that she was troubled with lascivious dreams every night. The doctor had also observed that most all forms of uterine diseases were made worse by going to sea.

The paper did not elicit as much discussion as had been anticipated, perhaps on account of the novelty of the subject. Dr. Fordyce Barker had been called away during the reading of the paper, and Dr. Emmet was unavoidably detained. Both these gentlemen had prepared for discussion on the subject, as they stated in notes sent to the President in explanation of their absence. Dr. C. C. Lee corroborated the statement made by the essayist, in the matter of the aggravation of uterine diseases in women while at sea, especially those diseases causing increased weight or flexions of the uterus, and he warned the fellows against the popular custom of recommending a sea voyage to their gynecological patients.

Dr. McLaura (a man somewhat advanced in years) said that he had served a long time as a ship-surgeon on an old sailing vessel, thirty years ago, when it required six or eight weeks to cross the Atlantic, and his observation as to the effect of the voyage upon the menstrual function had been just the reverse of that of Dr. Irwin's, viz., that most of the female passengers had amenorrhea. Dr. McL. had also observed the aphrodisiac effect of sea voyages upon the emigrant women and girls. He added further that the aphrodisiac effect was not confined to the women, but that the male passengers, and officers, too, were similarly affected. Dr. McL.'s remark brought a broad smile over the faces of this august assembly, notwithstanding there were several lady physicians present, and just as the discussion was brought to a close some wag of a doctor made the timely suggestion that Dr. McL. had probably touched upon the real cause of the *amenorrhea* as occurring among the emigrant women.

R. B. GILBERT, M. D.

NEW YORK, May 1, 1885.

Selections.

THE IMPORTANCE OF FLEXIONS AND DISPLACEMENTS OF THE UTERUS—A paper by Graily Hewitt (Lancet, June, 7, 14, 21, 1884), is mainly a defense of the author's well-known views as to the very great importance of the uterine displacements, and a criticism of the opposing views, especially those expressed by Vedeler, of Christiania, and Herman, of London. Vedeler's conclusion is, that since the proportion of flexions and versions is nearly the same in

diseased as in healthy women, the variety or change of shape and position is virtually of no particular consequence. The author meets this by stating Vedeler's distinction between a healthy and a diseased uterus, that being considered a healthy uterus in a given case in which no subjective or objective symptoms of disease are referable to it, while in case of a diseased uterus symptoms are evident which can be traced to pelvic organs, or which point to organic changes. The absence of discoverable lesions is thought by Hewitt not to be, of necessity, an evidence of a perfectly healthy uterus, or to imply necessarily that the patient is *fanciful*, hysterical, or without any disease at all. The most important question in the consideration of this subject is concerning the "complaints" which are present in cases of uterine displacement, and their dependence upon uterine displacement. These "complaints" or symptoms, according to Hewitt's classification are: (1) Spontaneous pain; (2) pain produced by motion; (3) undue sensitiveness of the uterus to the touch; (4) leucorrhea; (5) dysmenorrhea; (6) menorrhagia; (7) amenorrhea; (8) [in married women] sterility, abortions; (9) reflex phenomena, including (*a*) nausea, (*b*) hysteria, (*c*) convulsions, (*d*) cephalalgia, (*e*) melancholia; (10) bladder symptoms; (11) rectal symptoms; (12) dyspareunia. Vedeler evidently overlooked the fact of race and class distinction, the women upon whom his observations were made being of a very hardy race, and presumably of the working classes, with whom there is always less susceptibility to pain and annoyance than among those who live more luxuriously. Thus a broad generalization such as he (Vedeler) made loses sight of a vital factor. Vedeler's conclusion is further criticised by the observation that it does not follow that a given variety of uterine flexion or version will always be attended with the same symptoms; indeed, it is readily conceded that in some cases no symptoms are present. As regards the presence of symptoms in the condition of ante flexion, Bandl's investigations show that it is very often an abnormal condition, and might readily give rise to unfavorable symptoms which have sometimes been attributed to it. Bandl observed that in cases in which the uterus was not ante flexed, and did not rest upon the bladder when the latter was empty, no complaint like those which it is believed is traceable to uterine flexion ever existed. Vedeler's table con-

cerning the influence of flexions in producing dysmenorrhea proves little for either side; for under the heading "all cases of flexion" it is shown that dysmenorrhea was absent in sixty-four per cent of a given series of cases, while it was present in seventy-six per cent of the cases in a series half as large as the former one. In Herman's paper on the relation of dysmenorrhea to flexions of the uterus, the ground is taken that flexion alone does not produce dysmenorrhea. This statement is denied by Hewitt on the ground of personal experience, inasmuch as cases have been seen and treated by him for ante flexion, with emission of blood in clots or gushes, and severe pain, at the menstrual period; all of which symptoms have disappeared when the uterus was straightened. In some cases of ante flexion it is thought that the patients may feel better during menstruation than at other times, from the fact that the congested condition of the uterus tends, to a certain degree at least, to remedy the bending of the canal and thus permit free exit of the blood. In other cases, in which the uterine tissue is hard and unyielding, or, on the contrary, soft and flabby, it is thought that obstructive dysmenorrhea would occur. The use of the cradle and stem pessaries is still approved by the author as proper in certain cases of ante flexion. Herman's statement that acute retro flexion may exist without any symptoms is denied, though it is not asserted by the author that dysmenorrhea is necessarily present in such cases. Four propositions are enunciated by Hewitt which embody his belief with reference to the so-called mechanical system of uterine pathology, and they are as follows: (1) The uterus best performs its functions when its shape closely approximates to what has been termed the normal shape, and when it occupies its normal position in the pelvis. (2) Alterations to any material degree in the shape of the uterus are liable to give rise to complaints on the part of the patient, and may occasion severe symptoms. (3) These alterations, coupled, as they frequently are, with variations in the position of the uterus, are frequently associated with altered conditions of the tissues of the cervix or body of the uterus. (4) The symptoms of patients which present these conditions are relieved by adopting such measures as diminish the flexion and restore the uterus to its normal shape and position, and favorable tissue alterations are or may be effected by the same means.

MEMBRANOUS, DIPHTHERITIC, AND TRUE CROUP.—The April number of the American Journal of the Medical Sciences contains an elaborate clinical study of true croup, from the pen of Dr. J. Lewis Smith, of New York. He fully considers the etiology, anatomical characters, diagnosis, prognosis, and treatment. Whatever the cause, the anatomical characters, the clinical history, and the required treatment are so nearly identical that attempts to differentiate the disease, when produced by other agencies than diphtheria from that due to diphtheria, have proved futile and unsatisfactory in localities where diphtheria occurs, except in a few instances, as, for example, when croup has been manifestly caused by swallowing or inhaling some irritating agent.

Dr. Smith holds that inflammation of the laryngeal and tracheal surface, whatever its cause, whenever it reaches a certain grade of severity, may be attended by the exudation of fibrin and the formation of a pseudo-membrane, but such a result more frequently occurs in the inflammation caused by diphtheria than in that produced by other agencies. In diphtheria a moderate laryngo-tracheitis is attended by the pseudo-membranous formation. Dr. Smith's experience leads him to believe that not more than one in eight cases of croup has recovered by medicinal treatment which began in the first week of diphtheria, and in which the symptoms were so pronounced as to indicate more or less laryngeal stenosis. The exudation in the first week of diphtheria, or in its active period, occurs so rapidly, and in such large quantity, that no one of the medicinal agents or modes of treatment, which physicians commonly prescribe, is sufficiently prompt in its action to prevent the formation of the pseudo-membrane to an extent that soon endangers life.

Croup occurring in the second or third week of diphtheria, since it is attended by less abundant and less rapid exudation than when it occurs during the acute stage, can be more successfully treated under the persevering use of solvent inhalations, and a larger proportion than one in eight, perhaps one in three, recovers by the early and continuous use of inhalations.

Still the mortality is so large, and the suffering so great in croup, at whatever stage of diphtheria it occurs, that we can not rely on the slow action of medicines or inhalations, and surgical treatment is in most instances required to diminish the suffering, and afford the best chances for saving life.

Under the head of medicinal treatment he strongly recommends trypsin as a solvent of false membrane. Of calomel, he says: The experience of many physicians justifies the belief that mercury, and especially calomel, employed within certain limits in the commencement of a pseudo-membranous inflammation does exert some controlling action on this disease. That it did much harm formerly when physicians prescribed it as freely as we now employ potassium chlorate, to the extent in many instances of increasing the cachexia and causing mercurialism, should not deter from its judicious use. In the ordinary form of diphtheria he would not advise the use of calomel, or would limit its employment to one or two doses of six to ten grains in the commencement of the disease in robust cases. But in croup, since the danger is not from the cachexia or blood-poisoning so much as from the laryngeal stenosis, which is apt to develop rapidly, that medicine is indicated, and should be prescribed, which most strongly retards the exudative process, and aids in liquefying and removing the pseudo-membrane; provided that it produce no deleterious effect which renders its use inadmissible. Hence it is proper to prescribe calomel in larger doses and for a longer time in the treatment of croup than in other forms of membranous inflammation, if it fulfill the indication, as it seems to in a measure. In his own practice, however, calomel is not prescribed after the first or second day, since Dr. Smith prefers the use of other remedial measures, which are efficient and are less likely to produce injurious effects. The subject of surgical treatment is also fully discussed, and Dr. Smith holds that we can claim for tracheotomy judiciously performed, and at a sufficiently early stage, the cure of one in every three patients in the average.

CARBOLIC ACID AND TYPHOID FEVER.—Such is the title of an article in the February, 1885, number of the *Archives Générales de Médecine*, by Albert Robin; an article valuable in that it shows that the administration of carbolic acid in certain infectious diseases, particularly typhoid fever, is worse than useless, and also showing the value of a knowledge of chemistry as applied to therapeutics.

If we analyze a large number of cases of typhoid fever treated by carbolic acid, it is found, says Robin, that the antithermic effect is the only one which really justifies its use. Even then the depression of tem-

perature is only temporary, and to maintain this it is necessary to prolong the action of the drug for a long time—ten to thirty days. But even the partisans of the carbolic acid treatment report: (1) Nervous symptoms, such as ataxic phenomena, convulsions, chills, trembling, etc.; (2) pulmonary complications; (3) colics, nausea and vomiting; (4) profuse non-critical sweats, which are useless or dangerous; (5) symptoms of profound intoxication, with retarded respiration, frequent, small, depressible pulse, cyanosis of the extremities, collapse and sudden death; (6) secondary cachectic symptoms. Though it would seem that these complications should be sufficient to make one hesitate in using the acids in these cases, its strongest partisans maintain that they are due more to the disease itself than to the remedy, and that the same complications are seen in cases treated by other methods. Here the discussion has rested for some time; but Robin believes that he has now shown conclusively that carbolic acid is detrimental to the organism in typhoid fever at least.

His first proposition is that "carbolic acid used in a continuous manner, and in large doses, exerts a disorganizing action on the chemical composition of the liquids and organic tissues by destroying the elements of highest importance to the constitution." It is well known that carbolic acid is eliminated by the urine, and that its quantity is in direct relation with the amount of vegetable ingesta; that it is one of the products of the putrefaction of albuminoid matters, so that the degree of decomposition going on in the body of a person who is taking no vegetable diet may be ascertained by the amount of carbolic acid in the urine. Munk gives the daily quantity of phenol eliminated in a state of health, on an animal diet, as 0 gr. .0011; Brieger gives it as much more, 0 gr. .0150; Robin gives it, as the result of four experiments, as 0 gr. .0079. Observations in five cases of typhoid fever, the patients being fed exclusively on animal diet, showed that the mean was 0 gr. .0304; from which it is easily seen that the production and elimination of carbolic acid in typhoid fever is far above that in the state of health. Whatever carbolic acid is excreted entails a parallel elimination of sulphur and potash; thus still further impoverishing the organism, since these substances are directly removed from it. Therefore, since in typhoid fever a double amount of carbolic acid is eliminated, the same proportion of

sulphur and potash must also be lost; and as the patient can not repair his losses, a daily deficiency results, which if repeated for a long time, must be of very great disadvantage to the patient. This impoverishment is caused by a process natural to the disease, and should be included as a factor in the genesis of the troubles of nutrition so frequently observed during convalescence.

These things being true, it is necessary to know what goes on in the organism when carbolic acid is administered internally. The oxidation of the acid is less active in typhoid fever than in a state of health, though it can not be concluded from this that there is a diminished general oxidation in typhoid fever. Robin shows conclusively that the demineralization of the organism, by the removal of sulphur and potash, is one of the consequences of the typhoid state, and that it is considerably increased by the administration of carbolic acid. A calculation will show that the continuous administration of the acid will soon cause a loss of twenty-three per cent of the total quantity of potash contained in the body; and the same calculation may be made as to the loss of sulphur—two of the most important mineral ingredients. How is the system affected by the loss of two of its principal histogenetic elements, the most indispensable to life? The animal deprived of its mineral salts is soon attacked with muscular feebleness and trembling; in the lower limbs this muscular feebleness takes the characters of a true paralysis, as though the cord were deprived of its functions. The mental faculties are affected and excitability is heightened; and death supervenes with convulsive movements, respiratory troubles, and visceral steatosis. It certainly seems clear that any drug which may induce such results should be strictly proscribed in typhoid fever. Not only this, but all the organic compounds which are eliminated in the same manner as carbolic acid should also be proscribed. The following is an incomplete list of such compounds, most of which have been vaunted as antiseptics or antipyretics: Creasol, paracreasol, meta-creasol, thymol, naphthol, pyrocatechine, resorcine, hydroquinone, methylhydroquinone, pyrogallol, tribromophenol, orthonitrophenol, vanilline, vanillic acid, benzol, naphthaline.—*Jour. Amer. Med. Association.*

INJECTIONS OF ETHER AND IODOFORM IN COLD ABSCESS.—Professor Verneuil obtains a rapid cure in almost all his cases of cold

abscess, abscess from diseased bone or from congestion, etc., by ethereal injections of iodoform of the strength of one in twenty. The abscess is first emptied by means of Potain's aspirator, and then receives from 100 to 300 grams of the iodoform solution. By not exceeding this quantity (that is, five to fifteen grams of iodoform) no fear of accidents need be felt. The liquid penetrates into all the anfractuosités and diverticula of the abscess, the ether becoming absorbed or evaporated, and the antiseptic agent being deposited uniformly on the pyogenic membrane, the action of which it modifies. This simple means, so exempt from danger and so easy of application, has proved highly successful, very large abscesses have yielded to three or four injections.—*Revue de Therapeutique; Practitioner.*

FISTULOUS COMMUNICATIONS BETWEEN THE INTESTINES AND THE FEMALE GENITAL TRACT.—Since the application of plastic surgery to gynecological operations, the treatment of vesico-vaginal and recto-vaginal fistulæ is as well understood as are the etiology and symptomatology. The result, when contrasted with the old tedious plan of cauterization, is brilliant no less to the operator than to the unfortunate woman whose life is rendered miserable by such conditions.

Dr. H. D. Fry, of Washington, in the *American Journal of the Medical Sciences* for April, directs attention to less frequent forms of fistulæ that communicate with the genital canal, and records a very obscure and interesting case of intestino-vaginal fistula, which terminated favorably without surgical interference.

LARYNGEAL HEMORRHAGE.—The name laryngeal hemorrhage is used for a variety of affections which differ widely in regard to cause, nature of the disease, and severity of the symptoms, having in common only the effusion of blood into some part of the larynx.

Dr. J. W. Gleitsmann, of New York, in the *American Journal of the Medical Sciences* for April, proposes to designate by the name laryngitis hemorrhagica such effusions of blood on the free surface, or under the epithelium of the mucous membrane, which are of a so-called idiopathic character, and not due to any constitutional disease or traumatic origin. He records a case of this character, and analyzes those that have been heretofore recorded. He finds that in exceptional cases only is hemorrhage from the larynx a precursor of phthisis.

THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, MAY 23, 1885.

Original.

PRIMARY HYSTERO-TRACHELOR- RAPHY.*

BY J. H. O'REILLY, M. D.

Primary hystero-trachelorrhaphy was originally performed by Dr. Montrose E. Pal-len. His initial experience occurred in a case of post-partum cervical bleeding, for suppression of which he attempted the procedure as a *dernier ressort*. The issue therein being entirely satisfactory, he repeated the plan of immediate suturing on numerous similar occasions, and now advocates it warmly as the treatment *par excellence* for recently torn cervices. Other gynecologists favoring prompt endeavors at restitution of the wounded neck have likewise operated in this way, and afterward committed to writing their various opinions, but still the measure has not been generally adopted, and no extensive bibliography confronts, as yet, the readers of its literature.

Concerning the scope of the operation it is observed that besides being consonant with the precept urging prompt re-adjustment and fixation of tissues traumatically divided, whenever this desideratum is conceded possible, additional indications for recourse thereto are discovered in the arrest of hemorrhage, the prevention of septicemia, and the forestalling of sub-involution with its myriad complications.

As an abstraction, their validity resulting from accepted doctrines in surgery and prophylaxis, no measure has claims to scientific legitimacy more ample and conclusive.

When, therefore, as a concrete method its rare employment is noted, surprise naturally follows, and explanation of the paradox is sought at once in tangible objections on the score of superfluity, severity, danger,

* Read before the Louisville Medical Society, March, 1885.

or impracticability. That it can seldom become essential as a hemostasia in cervical bleeding, where ergot, iron, hot water, and the tampon are available, goes readily without emphasis; but that it fulfills less appropriately, or less judiciously perhaps than these, the therapeutic requirements in such an emergency can not be said to be established by etiological and pathological revelations.

It is regretted that the ethical brevity of a society paper forbids more than a reference, in passing, to the abundant cogent evidence afforded by clinical experience as to the propriety of immediate trachelorrhaphy.

The vital and mechanical agencies whose action produces normal dilatation of the uterine neck, accomplish this result through harmoniously adjusted and equipollent processes of softening, elongation, and radial expansion. Hart's atlas, Braune and Chiara's frozen sections, with the writings of Forest, Van de Warker, Kucher, and others have made the rationale of these processes familiar to students of obstetrics and gynecology. Morbid tissue, changes in the cervix, disease, malposition, and irregular contractions of the entire uterus, besides organic and functional derangements of the whole economy are capable of disarranging in various ways the ordinary phenomena of dilatation.

Thus, owing to circumstances of the above character, elongation is sometimes observed to be disproportionately greater than radial expansion, the latter being unusually retarded. In such cases one consequence of the asynchronism and otherwise disturbed relationship existing between events which, it may be repeated, are physiologically contemporaneous and accordant, is great procrastination of the first parturient stage.

Exhaustion, convulsions, alarming shock, and rupture are additional elements in the formula of contingencies. For the preven-

tion of these, or their relief when present, artificial interference in some shape or other suggests itself as urgent.

Forceps delivery through the still incompletely expanded os is by no means the rarest manner in which during recent years this demand has been met.

Forest, Johnson, Taylor, and others lend countenance to the procedure. Traumatic hemorrhage from the uterine-neck follows quite frequently this resort to instruments, a fact not hard to understand when the difficulty of their introduction, their too often ill adjustment and the subsequent liability to improper axis traction is coupled with decided thinning of the cervical wall, and its close approximation to the fetal head.

Dr. Thomas Moore Madden, after narrating at a meeting of the Obstetrical Society of Dublin, July, 1882, a series of such distressing mishaps, is reported to have said: "These seem to justify the observation that when the practice recently advocated of applying the forceps before the natural dilatation of the os uteri becomes generally adopted, as seems likely, the next generation of midwifery practitioners will thenceforth have an ampler opportunity of witnessing this accident than was the case in the practice of their possibly slower but certainly safer predecessors."

Recent statements from obstetricians, as well as my own limited experience, bear testimony to the fulfillment of his well-timed prophecy. That "a contracted uterus can not bleed," formerly regarded axiomatic in obstetrics, is no longer considered a tenable proposition.

The rôle enacted by forceps in the causation of cervical hemorrhage gains interest through its bearing on the physical aspect of the traumatism from whence, under the circumstances, the flow of blood proceeds.

Disruptions of the cervix during labor other than those resulting from instruments, being occasioned either by the explosive violence of precipitate delivery or the destructive corrosion of prolonged pressure, are characterized commonly by an irregularity of the edges of the wound and an immunity from bleeding which justly entitles them to rank as lacerations.

Wounds from forceps, on the contrary, the effect as it were of an unwhetted blade forced steadily through tense and vascular structures, are marked usually by smoothness of their borders and continuing copious hemorrhage, features finding analogues only in incised wounds.

The converse of these assertions holds exceptionally ragged, bloodless injuries resulting from the use of forceps, and smooth-edged, bleeding fissures occurring where these instruments have not been applied.

It remains a fact, however, that in postpartum cervical hemorrhage the traumatism must be looked upon as representing more or less coarsely the order of incised wounds, before a proper conception of appropriate therapeutics is attainable. Reference is had, of course, to wounds and bleeding of importance, insignificant accidents here as elsewhere obviously requiring no heroic measures.

Now, it is undeniable that by the tampon, hot water, and like agencies the loss of blood can be effectually checked; but is it not likewise manifest that their employment comprises the treatment merely of a single symptom? Can they bring together divided surfaces; shut out the irritation from lochial discharge or insure the occurrence of primary union? Not often, I imagine.

Relief adequate to the requirements is found only in immediate institution of those detailed procedures which constitute hysterotrachelorrhaphy.

Are not, however, mild alternatives, such as packing the vagina with calico or cotton, flooding it with hot water and iron, or freezing it with cold water and ice, so much more expeditious, so much less alarming and dangerous, that despite their imperfection they are preferable to radical procedures?

I do not say this may not be, but I do say that he whom "the slings and arrows of outrageous fortune" have made practically acquainted with both varieties of treatment, must hold the idea as at least questionable. Certain it is, our cotemporaries sanction the operation and attest its thorough efficiency.

Lusk, commenting on the use of tampons soaked in a solution of persulphate of iron, observes, "That in case there is a good deal of irritation about the part, healing may be delayed, and the wound in the cervix renders it liable to suck up infected materials and so prove a source of danger." Therefore to arrest the hemorrhage he advises that "it is always a good plan at the time of the laceration to take a pair of vulsellum forceps and, while an assistant presses down the fundus of the uterus through the abdominal walls, draw the cervix down and sew up the wound, as the tissue is now patulous and easy to work upon." Parish likewise prefers to close the neck immediately, since the parts are so relaxed after labor that the

uterus can be drawn down to the vulva and the operation done with safety and facility.

In the transactions of the Philadelphia Obstetrical Society, Dr. C. H. Thomas reports an instance of hemorrhage from extensive wound of the cervix, controlled when the pulse was thready, and death seemed imminent, by the local application of ice. Dr. Montgomery, in the discussion following, declared that on similar occasions, "the attending physician is reprehensible if sutures are not at once applied to stop the hemorrhage, and remove the necessity for future operation."

True, the bleeding stopped, a repair of the injury may at any time be attained by natural curative forces; but so often does the opposite transpire, and so dreadful are the fruits of failure, that but doubtful justification can be had for temporizing.

I am aware of no disaster that has followed the operation under the conditions above prescribed, but that dangers, not purely imaginary, may be both "*post hoc et propter hoc*" to its performance, is assumable on just grounds, without substantial demonstration.

Hart and Barbour, after seemingly distrustful and perfunctory acquiescence in its possible necessity, write as follows:

"Considering the liabilities to septic inflammation in the puerperal condition, we would be chary about operating unless the hemorrhage were considerable, and not diminished by hot injections."

Primary hystero-trachelorrhaphy then—as the remedy in post-partum cervical hemorrhages—seems an interference warranted not less by study of their causation and topography than by the excellent achievements of its advocates in these calamities.

The same operation, where there is no hemorrhage and the contour of the wound is irregular, has many opponents and few upholders. Dr. William K. Polk, on the authority of Goodwin, advises "that, if the edges can be closely approximated as in the secondary operation, the object sought for, namely, protecting the woman from the absorption of septic poisoning through the open vessels, may be attained. In his experience it is exceedingly difficult to accomplish this even with the best assistants, and light, and under the most favorable circumstances. Therefore, in most cases, probably the end desired would not be secured. That being the case, he thinks the patient should be spared the inconvenience of the primary operation, and that

the secondary one is preferable and will answer all purposes, except, perhaps, in certain cases of hemorrhage when it is necessary to operate at once."

It is evident that the plaga here, being truly a laceration, is from its very nature unfitted for healing by first intention.

The clinical history shows that the edges of such tears frequently remain apart and become covered up finally with cicatrical tissue. This lame result can be prevented, however, and complete union brought about in selected cases by effecting timely apposition of the borders through sutures applied prior to the development of granulations.

My personal knowledge of primary hystero-trachelorrhaphy comes from two cases wherein it was performed in the Louisville City Hospital. The patients were primiparæ, one having a single, the other a double cervical laceration, while in both the perinei were slightly ruptured. It is needless to recount the details of the operations, the successive steps of which, with the omission of marginal freshening, were *ad seriatim* identical with those in the method of secondary repair. When the cervical trouble had been remedied the perineal body received appropriate attention. Eight days afterward the sutures were removed from the latter, which had healed kindly, and in another fortnight those placed in the neck of the uterus were also extracted. In one instance there was perfect union throughout, while in the other the lower one fourth of the laceration remained unhealed. During the operations and throughout the subsequent supervision of the cases I was fortunate in having the assistance of Drs. Harper and Berrell, resident physicians of the Hospital.

My conclusions in general are that hystero-trachelorrhaphy is safe and feasible under proper conditions, and subject only to such contra-indications as would forbid operative interference of similar magnitude at other times.

THE following story is told of a physician of Dayton, O.: The doctor was recently attending a case of labor in the family of one of his patrons, who, though a very excellent man, is a little slow in the payment of his medical bills. Immediately after the birth of the child, the father nervously asked: "Doctor, is the baby marked?" "Yes," quietly remarked the doctor, "it is marked 'C. O. D.'." The bill for that baby was promptly settled.

Miscellany.

BURIED OR SUNK SUTURES.—In the British Medical Journal, May 2, 1885, Mr. C. B. Keetley, gives an interesting article on Buried Sutures, with remarks on the importance of suturing separately periosteum to periosteum, muscle to muscle, deep fascia to deep fascia, and skin to skin after deep incisions of all kinds. He says this form of suture has been used for some time in uniting fractured bones, divided nerves, as well as wounded veins, intestines, and other hollow structures; but, employed as I direct, they have a wider and more extensive aim, and an extremely important influence on the final course and result of wounds in general. Wherever muscle, aponeurosis, nerve, or the periosteum has been divided in cutting down upon a part, by restoring their original relationship by means of aseptic animal ligatures applied to each part separately, we should expect the following:

1. No drainage-tube is needed, no spaces or pockets being left wherein blood or serum can collect.

2. The sutured muscles and aponeuroses are eventually perfectly restored as regards function, as also is the deep fascia.

3. Deep, rough, and depressed cicatrices are avoided.

4. Necrosis of bone and sloughing of soft tissues are prevented.

In speaking of the history of the introduction of this form of sutures, Mr. Keetley says they were first used by Werth in gynecology, especially for ruptured perineum. More recently they have been advocated by Neuber, one of Esmarch's assistants. Mr. K.'s experience extends through seventeen cases, two of them excisions of the hip-joint. In all these, except two, the buried sutures did all that could be expected.

THE RADICAL CURE OF UMBILICAL HERNIA.—J. E. Burton gives, in Medical Press and Circular, the results of the work done in abdominal surgery, during the year 1884, at the Hospital for Women, Liverpool. The number of cases were twelve, and some of them are of much interest. The first case was one of umbilical hernia, with adherent irreducible omentum. The sac was cut down upon, opened, the omentum freed, and the adherent pieces removed. After ligature of all bleeding points, the mass was returned into the abdomen, and the wound closed as after ovariectomy, except

that the peritoneal edges were first brought together by sunk catgut sutures, then another row of sutures not quite so deep, and finally a layer of more superficial ones. The patient was discharged from the hospital in less than two months, the only retardation being a few stitch abscesses. In January, 1885, no return of the protrusion was visible. Another similar case is found among the series.

In speaking of the operation for the radical cure of umbilical hernia, he says that it is now established on a firm basis. The dangers from the operation are not greater than that of strangulation of the intestines, which must come, if the operation be withheld. The time is not far distant when all these cases will be operated on as soon as the condition is discovered, for as long as the hernia exists no one can say how soon strangulation may take place, or other complications arise, which will greatly reduce the chances of recovery after operation.

THE TREATMENT OF CARBUNCLE WITHOUT INCISION.—At the recent meeting of the American Medical Association Dr. L. D. Bulkley, of New York, read a paper before the medical section on the treatment of carbuncles without incision. The treatment recommended was one-quarter-grain doses of the sulphide of calcium every two hours, and teaspoonful doses of the following mixture after each meal:

℞ Magnesiae sulphatis, ʒvj;
 Ferri sulphat., ʒij;
 Acidi sulph. (dil.), ʒiij;
 Syr. zingib., ʒj;
 Aquæ ad., ʒiij.

Locally the following was used, spread thickly on lint:

℞ Ext. ergotæ fld., ʒij;
 Ung. aquæ rosæ, ʒij;
 Zinci oxidi, ʒi.

No poultices are to be allowed.

At a recent meeting of the Board of Commissioners of Charities the following gentleman were elected to the staff of the City Hospital for the ensuing year: (Medical)—Drs. J. A. Ochterlony, C. W. Kelly, J. B. Marvin, F. C. Wilson, P. Gunterman, J. H. O'Reilly, J. G. Cecil, R. C. Henderson. (Surgical)—Drs. D. W. Yandell, J. M. Holloway, A. M. Cartledge, F. C. Leber, T. P. Satterwhite, D. Morton, and Ap M. Vance. (Eye and Ear)—Drs. Wm. Cheatham, R. M. Ferguson, and W. T. Durret. (Gynecological)—Dr. W. H. Wathen.

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H. A. COTTELL, M. D., - - - - - Editor.
J. MORRISON RAY, M. D., - - Assistant Editor.

COLLABORATORS:

J. W. HOLLAND, A. M., M. D., E. R. PALMER, M. D.,
J. A. OCTERLONY, A. M., M. D.

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THE UNIVERSITY OF LOUISVILLE.

At a recent meeting of the Board of Trustees, William Bailey, A. M., M. D., President of the Faculty of the Hospital Medical College, was elected to the chair of *Materia Medica* and Therapeutics in the University of Louisville. Prof. Bailey was a candidate for the place upon the unqualified recommendation of the Faculty, and received the unanimous vote of the Board of Trustees.

This gentleman, who has been for many years in high repute as a practitioner, writer, and lecturer in medical science, adds dignity and efficiency to the University's professorial corps.

Upon the suggestion of the Faculty, the department of "Public Hygiene" was added to the chair of *Materia Medica* and Therapeutics. This professorship was formerly held by the late eminent Prof. T. S. Bell.

Prof. J. W. Holland having resigned the chair of Principles and Practice of Medicine and Clinical Medicine, the place was filled by the transfer to it of Prof. J. A. Octerlony. Prof. Octerlony had occupied the chair of Obstetrics and Diseases of Women and Children, and to this Prof.

Turner Anderson was transferred from the chair of *Materia Medica*.

The resignation of Prof. Holland was accepted, and the following resolution of regret unanimously adopted:

The undersigned committee, to whom the resignation of Prof. Holland was referred, report the following resolution:

Prof. J. W. Holland, M. D., having resigned his chair in the University of Louisville, in anticipation of removal to Philadelphia, the President and Trustees of the University accept with regret his resignation, which severs a connection with the Medical Department extending through sixteen years. He was elected a professor in our school at a most important time in its history, assuming the position at an age when such responsibility is rarely conferred, but to which his talents and learning entitled him. During the long period that he has lectured in the University, Prof. Holland has continually added to his fame, and he is known to the profession of medicine throughout the country as a lecturer of rare eloquence and a teacher of profound learning. In giving him up, the University loses one of its most valuable and highly esteemed professors. We extend to Prof. Holland, in parting with him, our sincere wishes for his success in his new field of labor.

JAMES A. LEECH,
JAMES S. PIRTLE,
GEO. W. GRIFFITHS,
Committee.

KENTUCKY STATE MEDICAL SOCIETY.

On the 24th of next month the State Society will celebrate its thirtieth birthday with appropriate ceremonies, for the carrying out of which three days will be needed. There is good warrant for the prediction that the meeting will be largely attended and of more than common interest.

The time and place are happily selected. June is the most charming month of the year—to the doctor usually a season of slack business—and Crab Orchard is the most inviting of our summer resorts. A rich programme is now nearly matured, which secures papers from many of our leading physicians, surgeons, and specialists, while the members of the standing committee, will doubtless do justice to the several departments which they represent. This committee stands as follows:

- On the Practice of Medicine*—Wm. Bailey.
On General Surgery—J. M. Matthews.
On Orthopedic Surgery—Ap M. Vance.
On Abdominal Surgery—J. H. Letcher.
On Surgery of the Genito-Urinary Organs—
 A. W. Johnstone.
On Gynecology—L. S. McMurtry.
On Obstetrics—Andrew Sargent.
On Ophthalmology—Dudley S. Reynolds.
On Otology—Wm. Cheatham.
On State Medicine—J. W. Holland.
On Vital Statistics—J. W. Harwood.
On Materia Medica—T. J. Townsend.
On Pharmacy—J. P. Thomas.
On Susceptibility of Idiots to Eruptive Diseases—J. Q. A. Stewart.
On Diseases of Children—J. A. Larrabee.
On Necrology—L. B. Todd.

These reports with the papers promised, and others which the programme may fail to catch, will afford abundant themes for entertainment, comment, and the mutual exchange of scientific opinion.

Since Kentucky doctors are fond of settling, *tuto, cito, et jucunde*, their little differences at home, no question of inverted ethics or medical sociology is likely to come up and mar the harmony of the sessions; but the following, relative to medical legislation, which was offered by Dr. W. M. Fuqua at the last meeting, is booked for discussion:

Resolved, That the President of the Kentucky State Medical Society appoint seven representative medical men, members of this Society, of recognized ability, experience and judgment, whose duty it shall be to report to this Society at its next meeting whatever legislation is requisite for the purpose of promoting a cheaper and better medical education, the prevention of quackery and fostering the growth of sanitary science, or any other measures by which the public good may be subserved at our hands; and it is further

Resolved, That whatever measures shall be proposed by this committee shall be submitted to this Society at its next meeting for discussion, revision, or stricture; and if, upon a majority vote, this proposed enactment be passed, then it shall be the duty of this committee, together with the President of this Society, to present a suitable bill to the Legislature of Kentucky, and urge its enactment.

MR. ERNEST JACOB (British Medical Journal) has collected all the cases in which death was caused by anesthetics during the year 1884 in England and Scotland. The number of deaths from chloroform was nine; from a mixture of chloroform and ether, two; from methylene, three; from ether, six.

In reviewing the cases he says one is struck by the difference in the character of the operations. The deaths from chloroform occurred in comparatively healthy persons; those from ether in persons severely debilitated by disease.

EDWARD J. TIBBETS, M. D., LOND., died at Bradford, Yorkshire, on April 14th, at the age of forty-five years. He was a man of learning and culture, an original investigator, and a frequent contributor to current medical literature. His positive views relative to the bacillar hypothesis of the wool-sorter's disease, and his notable paper upon the "Modern Theory of the Action of Digitalis" (Lancet, 1881), have made his name familiar to medical readers.

CHOLERA is said to be prevalent in about twenty cities and villages in two provinces of Spain. This much leaks out in spite of the anxious endeavors of the government to suppress all information concerning the ravages of the pestilence.

At the last meeting of the Louisville Medical Society, the following officers were elected to serve for the ensuing year: President, Dr. J. M. Clemens; Vice-Presidents, Drs. Ap Morgan Vance and J. A. Tanner; Secretary and Treasurer, Dr. Julia Ingram.

THE Plymouth epidemic, it is said, has at length been investigated by competent physicians, and is now announced to be typhoid fever.

Bibliography.

Surgical Diagnosis. By A. PEARCE GOULD, F. R. C. S., Assistant Surgeon to the Middlesex Hospital, London; Surgeon to the London Temperance Hospital, and to the Royal Hospital for Diseases of the Chest. Henry C. Lea's Son & Co., Philadelphia. 1884. For sale by John P. Morton & Co.

This is the title of a neatly-attired little volume published by this well-known house. As a manual for those physicians who have no leisure for the reading of more exhaustive works on surgery, and wish to catch an idea which may enable them to recognize the true nature of surgical emergencies, the work is fairly commendable. Its style, however, seems labored and is sometimes wanting in clearness, though in the main the data given are correct. Several other works of similar purport—of American and English origin—occur to the reviewer, the most of which are neither better nor worse than that before him. Mr. Gould's work, however, is more exhaustive in that it deals more lengthily with what he considers important symptomatology.

Mr. Gould does not preface his book by an expressed intention to "meet a long-felt want," etc., and this fact constitutes one feature at least which one feels inclined to compliment. To say more of it would be to express the wish that the book had been more carefully written and that its author had clearly defined the "subject-matter" prior to the delineation of the symptoms. The author's facts are gleaned from various sources, and aside from his individual opinions and the arrangement of his matter the book holds nothing new or strikingly original. * *

The International Encyclopedia of Surgery. A Systematic Treatise on the Theory and Practice of Surgery, by Authors of Various Nations. Edited by JOHN ASHHURST, jr., M. D., Professor of Clinical Surgery in the University of Pennsylvania. Illustrated with chromo-lithographs and wood-cuts. In six volumes. Vol. v. New York: William Wood & Co. 1884.

As this splendid work nears its completion, the specialties of surgery take an important place in its pages. The fifth volume is to a large extent the work of the specialist, under such famous names as Williams, Buck, Lefferts, Kingsley, and Solis-Cohen. This fitly attests the growing importance of specialism in surgery, and demonstrates the truly encyclopedic scope of the work.

Dr. Williams's article is devoted to In-

juries and Diseases of the Eye and its Appendages; Dr. Buck's to Injuries and Diseases of the Ear; Dr. Lefferts's treats of Diseases and Injuries of the Nose and its Accessory Sinuses; Dr. Kingsley's of the Surgery of the Teeth and Adjacent Parts, and Dr. Solis-Cohen's of Injuries and Diseases of the Air-Passages.

The articles which pertain to general surgery are on Injuries of the Head, by Charles B. Nancrede, M. D.; Malformations and Diseases of the Head, by Frederick Treves, F. R. C. S.; Injuries and Diseases of the Face, Cheeks, and Lips, by Alfred C. Post, M. D., LL. D.; Injuries and Diseases of the Mouth, Fauces, Tongue, Palate, and Jaws, by Christopher Heath, F. R. C. S.; Injuries and Diseases of the Neck, by George H. B. MacLeod, M. D., F. R. C. S., and F. R. S., Edin.; Injuries of the Chest, by Edward H. Bennett, M. D., F. R. C. S. I.; Diseases of the Breast, by Thomas Annandale, F. R. C. S. E.; Injuries and Diseases of the Abdomen, by Henry Morris, M. A., M. B., Lond., F. R. C. S., Eng., and Hernia, by John Wood, F. R. S., F. R. C. S.

As may be seen by the above list, each article is the work of a master, and to the fact that each has acquitted himself worthily the pages of the volume bear abundant testimony.

The book abounds in wood-cuts illustrative of almost every surgical feature discussed in its pages, while six full-page chromo-lithographic plates set before the reader the morbid conditions of the eye as revealed to the sight unaided, and again as aided by the ophthalmoscope; the normal and morbid appearances of the membrana tympani, epithelioma of the face, and carcinoma of the breast.

Theoretical and Practical Treatise on the Hemorrhoidal Disease: Giving its History, Nature, Causes, Pathology, Diagnosis, and Treatment. By WILLIAM BODENHAMER, A. M., M. D. Illustrated by two chromo-lithographs and thirty-one wood-cuts. 8vo, pp. 315. New York: William Wood & Co. 1884. For sale by John P. Morton & Co.

This is an elaborate, original, and erudite treatise, which, in view of the eminence of the author, the importance of the subject, and the thoroughness with which it is handled, is destined to take rank among the classics of the literature of rectal surgery. For so minutely has the author gleaned the fields of literature, ancient and modern, sacred and profane, medical and non-medi-

cal, for the grain of his choosing, that they who follow after him are likely to find naught but stubble and headless straws for their pains. He begins his work with the earliest mention of the word in Hebraic history ("the emerods, or botch of Egypt"), and after making good his statements by references in the text to every thing pertinent, from Hippocrates to the New York Medical Record, he winds up with a chapter of bibliography which would put to the blush the oldest book-worm of our era.

It is not, however, in a spirit of adverse criticism that we dwell upon this bibliomania of the author, but rather with a view to admonish any inflated specialist who may fancy himself learned in this department of research that he need only go to Bodenhamer to find a check for his pride, and an incentive to lay his follies by.

To the modest doctor, who will of course skip all this erudition, the work must have a positive value, since he will find in its pages more practical information relative to the subject than can be had from any other source. Accurate views of pathology, clear delineation of diagnostic points, sound surgery, and rational therapeutics are here, and stand out like well-beaten paths through what would otherwise be an impenetrable wilderness to any hapless physician who could not boast a familiarity with at least five languages.

Correspondence.

PARIS LETTER.

[FROM OUR SPECIAL CORRESPONDENT.]

Cocaine and antipyrine seem just now to fully occupy the attention of the medical world, the former as an anesthetic and the latter as an antipyretic. Dr. Huchard lately read a very interesting paper before the Société de Thérapeutique, of Paris, on the action of antipyrine in fevers. The author considers antipyrine the ideal of an antipyretic or, as he prefers to term it, antithermic, as it lowers the temperature in a very gradual manner, and maintains it at the reduced rate for a considerable time without determining any evil effects on the organism. Dr. Huchard describes antipyrine as a white crystalline powder, inodorous, fusible at 127° C. or 292.6° F., and volatile without decomposition. It has a bitter taste; it is very soluble in water, alcohol, and ether.

The perchloride of iron added to its solutions renders the latter of a deep red color. This reagent will detect the presence of antipyrine in the urine of patients submitted to its action. It is a derivative of quinoline, an oxygenated alkaloid extracted by synthesis from the elements of coal-tar, discovered by Know, of Erlangen, and its action was studied by Dr. Filehne, of the same city. Dr. Huchard, after having tried the new substance at the Hôpital Bichat, sums up his experience as follows: (1) Antipyrine constitutes a sure and powerful means of lowering the temperature of the body in all febrile affections (typhoid fever, pulmonary phthisis, pneumonia, pleurisy, acute, articular, and cerebral rheumatism, angeio-leucitis, erysipelas, diphtheria, puerperal fever, scarlatina, abscesses, phlegmonous inflammation, etc.). It modifies the symptoms which are under the dependence of the thermic elevation (acceleration of the pulse and of the respiration, dryness of the mouth, insomnia, inappetence, etc.); but it does not appear to have a direct action on the respiration and the circulation. (2) It is an antipyretic, and not an antiperiodic, whence its inefficaciousness in intermittent fevers in preventing the return of the paroxysms. (3) Its administration produces but slight and transitory accidents, slight and profuse perspiration, constriction of the pharynx, nausea, and sometimes vomiting, and in some rare cases, the production of exanthemata of rubeoliform or scarlatiniform character. There is no tendency to collapse, no symptoms of intoxication as are experienced after the administration of quinine or salicylic acid. (4) Numerous observations have shown that antipyrine constitutes the most powerful means, and, up till now, the only means by which the temperature of tuberculous patients may be surely and effaciously reduced; at a dose of two grams (thirty-one grains), administered more particularly in the evening when the fever is high, the temperature comes down by half a degree after half an hour, sometimes even in a quarter of an hour, then it continues to diminish till it gets to the normal, which it does in an hour and a half or two hours.

It is sometimes necessary to prescribe a fresh dose of one or two grams in one or two hours after. But in phthisical patients, antipyrine, by reason of the certainty of its action, and with the view of avoiding the accidents caused by hypothermia, should be administered in small and increasing doses

(from two to four grams). The antithermic effect is maintained, in these patients, ordinarily from six to nine hours, and is sometimes kept up for even a few days after, during which the temperature does not reach its original figure —5. Antipyrine is eliminated through the urine, where its presence can be detected from two to four hours after its administration, during a period which varies from thirty-six to forty-eight hours; a few drops of the perchloride of iron dropped into the urine immediately produces a red color, which is very characteristic. In the treatment of children, the German physicians give three times in the interval of one hour as many decigrams as the child counts years. In conclusion, Dr. Huchard remarks that, like all new drugs which are destined to a certain vogue, the product in question will almost certainly be adulterated; if, therefore, the results expected should not be obtained, the physician may almost with certainty conclude that the antipyrine is not pure. The tests are the perchloride of iron and the iodide of potassium, which latter throws down a reddish sediment. Dr. Huchard further remarks that even if antipyrine did not cure the original malady, or cause of the fever, yet the lowering of the excessive heat of the body procures the patient a good deal of comfort.

The above remarks tally almost completely with those enunciated by Dr. W. H. Draper in his paper on the same subject, which he read at the meeting of the New York Academy of Medicine on the 3d ult.

The therapeutic action of cocaine is now so well known and its anesthetic properties so thoroughly studied on your side of the Atlantic that it is almost superfluous to say any thing more about it, except that there is perhaps no branch of medicine or surgery in which its anesthetic properties are not taken advantage of. Even in obstetrical and gynecological practice its application is being extended in a variety of morbid conditions. Dr. Doléris, House Surgeon at the Clinic of Obstetrics and Gynecology, lately performed a certain number of experiments in that institution to test the effects of cocaine on the pains which accompany parturition.

He painted the neck of the womb with a four-per-cent solution of the hydrochlorate of cocaine, soon after the setting in of the second stage of labor, the result being that in two-thirds of the cases the pains were considerably relieved in a few minutes.

In the last stage he painted with the same solution the vulvar opening, and obtained a marked diminution of the atrocious perineal pains without its interfering in any way with the progress of labor.

Professor Paul Bert relieved the pain caused by blisters by simply injecting into them a solution of cocaine, or by the application of lint dipped in the latter. In this experiment, however, M. Bert noticed that the anesthetic effect was not uniform, a few isolated spots having retained their sensibility. From this circumstance M. Bert concluded that cocaine acts more especially on the extremities of the final ramifications of the nerves.

The above note, and that preceding it on the action of cocaine, were recently submitted to the Société de Biologie, of Paris, and Dr. Regnard read a paper on its action on the respiration, which was exemplified by the following experiment: A fish, put into a two-per-cent solution of cocaine, immediately began to be agitated and twitched itself about; then, becoming calm in a few minutes, it fell to the bottom of the vessel in a state of apparent death. Dr. Regnard remarked that the respiration of the fish must have been completely suspended, as after two hours of its sojourn in the solution the quantity of oxygen did not vary, nor was there any trace of the production of carbonic acid, and yet it can not be said that the fish was dead, as in transferring it to common water the fish was restored to life. Dr. Regnard confessed that he could not explain how the cocaine acted in this case.

The American colony in Paris has sustained a great loss in the death of Dr. Beylard, which took place on the 9th inst., at his country house, whither he had retired some few years ago on account of ill health.

PARIS, April 24, 1885.

GENERAL GRANT was able from his past military experience "to put himself in the place" of his medical attendants to good purpose. His reported remark to his physicians savors of true wisdom: "The doctors outside, I am informed, are writing about my case and talking about it, and some of them seem to think they know more about it than you gentlemen do; but it is like a time of war, when the men at home think they know more about it, and how to do it, than the generals who are in the field fighting."

Pharmaceutical.

Conducted by Simon Flexner, Ph. G.

GLYCEROLE OF COCA.—A very concentrated, and as far as tested efficacious, at the same time as palatable, preparation of coca leaves in this form has been prepared. It is proposed that the strength of the preparation conform to that of fluid extracts, viz., one troy ounce of the drug being represented by one fluid ounce of the glycerole. Where a good leaf is employed there is no reason why an exceptional preparation in every particular should not be possible. In the experience of the writer, a very superior preparation can be made according to this formula, and its palatability combined with its easy toleration by sensitive stomachs should secure for it a thorough trial.

DOVER'S SOLUTION.—A formula for this preparation, known technically as liquor ipecacuanhæ et morphinæ, is given as follows, in the American Journal of Pharmacy:

Acetate morphine, one dram; diluted acetic acid, one fluid ounce; diluted alcohol, seven fluid ounces; wine of ipecac, two fluid ounces. To be mixed together and filtered. It would appear that this compound has obtained something more than a local notoriety, and that for the purposes to which it is applicable it has answered very well.

HYDROBROMATE OF COCAINE.—This new salt of cocaine has been produced by Dr. N. B. Lyons, of the house of Parke, Davis & Co., and this enterprising firm is now offering the salt to the profession. It is assumed that the sedative effect of the bromine in its composition will render it one of the most valuable, if not the most valuable of the salts of cocaine. It certainly merits trial.

DECOMPOSITION OF HOMOQUININE.—Homoquinine, an alkaloid obtained from cuprea bark, *Remajii purdiana*, in treatment with caustic soda, is split into quinine and a new alkaloid, cupreine. Homoquinine can be made synthetically by crystallizing from ether a mixture of quinine and cupreine, any excess of quinine remaining in solution.

TO RECOGNIZE OLD ERGOT.—It is recommended that the ergot to be tested be put in ether, in the proportions of two grams

of ergot to five cubic centimeters of ether, and allowed to macerate for some time. If the solution remains colorless, the ergot is fresh; if it become yellowish, it is old.

Selections.

LAPAROTOMY FOR PERFORATION OF THE STOMACH AND INTESTINE.—According to Miculicz, of Cracow (*Centralbl. f. Chirurg.*), laparotomy is urgently indicated in any case of perforation of the stomach or intestine, due either to direct or indirect violence, or to some pathological process. Existing peritonitis should not stand in the way of the operation, as it may be thus effectually treated. The main contra-indication of laparotomy in such cases is extreme exhaustion. In the first of his reported cases, the author of this paper had to deal with perityphlitis, which, after a time, became complicated with constipation, vomiting, and other symptoms of intestinal obstruction. Laparotomy was performed, and an incision six inches in length made in the linea alba. The abdominal cavity contained about two pints of very fetid fluid. The intestine, though bound down by numerous adhesions, showed no signs of any disturbance in the circulation. The patient died five days after the operation, and in post-mortem examination the seat of perforation in the intestine was first discovered. The second case was a young man who, after having suffered from diarrhea during six weeks, became constipated during the seventh week, and presented symptoms of ileus. The case was diagnosed as one of volvulus. On the performance of laparotomy one pint of turbid serous fluid was found in the abdominal cavity. A volvulus was found, and the obstruction removed. The patient recovered from the more direct effects of the operation, but after an interval of a few weeks succumbed to intercurrent pneumonia. The patient in the third case was a young man who, having been disturbed during sleep, and having suddenly sprung out of bed, was seized with intense pains in the umbilical region, and presented symptoms of obstruction. Sixty hours after the onset of these symptoms the patient came under the care of Prof. Miculicz, who diagnosed internal incarceration, and at once performed laparotomy. In the abdominal cavity he found about a pint of

thin, badly-smelling pus and some undigested pieces of potato. On the left side, just above the brim of the pelvis, a perforation, six millimeters in length and four breadth, was observed in a knuckle of the ileum. The mesenteric glands were much swollen, and as no other cause of the lesion could be determined, Prof. Miculicz came to the conclusion that this case was one of perforating ulcer from typhoid fever. The edges were refreshed and brought together in the long axis of the opening by a dozen sutures of silk. The subsequent course of the case was satisfactory, although the abdominal wound opened up and gave exit to a considerable quantity of pus. In the fourth case laparotomy was performed for a rupture of the stomach. The opening existed near the diaphragm in the smaller curvature. The patient, whose stomach had been much distended, and whose abdominal cavity was filled with portions of food, died three hours after the operation. *London Medical Record.*

A STATISTICAL REVIEW OF THE OPERATIVE MEASURES DEVISED FOR THE RELIEF OF PYLORIC STENOSIS.—But few of the ills to which humanity has fallen heir are attended with more distressing symptoms than those produced by stenosis of the pyloric orifice, from any cause whatever, and in but few has the prognosis been so absolutely hopeless. Until within the past six years the condition was regarded as beyond the domain of surgical interference, and with the diagnosis "stenosis of the pylorus" the fate of the patient was irrevocably sealed. Internal medicine offered absolutely no hope to the unfortunate sufferer from pyloric stenosis until Péan, in 1879, performed pylorotomy for the relief of pyloric disease, and ushered in a new era in abdominal surgery.

Dr. Randolph Winslow, of Baltimore, in a scholarly and very able paper, published in the *American Journal of the Medical Sciences* for April, 1885, has collected and analyzed all the recorded cases, eighty-five in number, of operative interference for the relief of pyloric disease. He fully discusses the technique of the different procedures, and presents the following valuable deductions:

1. In cancer of stomach not producing stenosis, anodynes should be given in quantities sufficient to relieve distress, and no operation should be performed.

2. Pylorotomy for carcinoma is followed by seventy-six per cent mortality, hence it

should only be very exceptionally performed in those cases where, with marked stenosis, the pylorus is not adherent to the neighboring organs, and the patient is young and fairly strong.

3. In other cases of carcinomatous stenosis, as only very temporary benefit can be obtained, gastro-enterostomy should be performed.

4. In cicatricial stenosis digital divulsion should be performed, but if this is impossible owing to great thickening of the walls, resection in those who are well nourished, and gastro-enterostomy in the debilitated will both be followed by good results.

5. Hemorrhage or perforation from ulcer or other cause than stenosis does not present indications for pylorotomy.

6. Duodenostomy, gastrostomy for the passage of a tube, and complete gastrectomy should all be replaced by gastro-enterostomy.

THE PREVENTION OF BLINDNESS IN INFANCY.—The following instructions, based upon the directions of the Society for the Prevention of Blindness, have been issued by a committee of the Manchester and Salford Sanitary Association for the information of mothers and nurses:

One of the most frequent causes of blindness is the inflammation of the eyes of newborn babies. Yet this is a disease which can be entirely prevented by cleanliness, and always cured if taken in time.

The essential precautions against the disease are:

1. *Immediately after the birth of the baby, and before any thing else is done*, wipe the eyelids and all parts surrounding the eyes with a soft, dry linen rag; soon afterward wash these parts with tepid water before any other part is touched.

2. Avoid exposing the baby to cold air; do not take it into the open air in cold weather; dress the infant warmly and cover its head, because cold is one of the causes of this eye disease.

When the disease appears it is easily and at once recognized by the redness, swelling, and heat of the eyelids, and by the discharge of yellowish-white matter from the eyes. *Immediately on the appearance of these signs seek the advice of a medical man;* but in the meantime proceed at once to keep the eyes as clean as possible by very frequently cleansing away the discharge. *It is the discharge which does the mischief.*

The cleansing of the eye is best done in this way:

1. Separate the eyelids with the finger and thumb, and wash out the matter by allowing a gentle stream of lukewarm water to run between them from a piece of rag or cotton-wool held two or three inches above the eyes.

2. Then move the eyelids up and down and from side to side in a gentle, rubbing way, to bring out the matter below them; then wipe it or wash it off in the same manner. This cleansing will take three or four minutes, and it is to be repeated regularly *every half hour* at first, and later, if there is less discharge, every hour.

3. The saving of sight depends entirely on the greatest care and attention to cleanliness. Small pieces of clean rag are better than a sponge, as each rag is to be used once only, and then burned immediately; sponges should never be used except they are burned after each washing.

4. A little *washed* lard should be smeared occasionally along the edges of the eyelids, to prevent them from sticking.

Special Warning. Of all the mistaken practices which ignorance is apt to resort to, none is more ruinous than the use of poultices. Let them be shunned and dreaded as the destroyers of a new-born baby's sight. Tea-leaves and sugar-of-lead lotion are equally conducive to terrible mischief, stopping the way as they do to the only right course to be taken. — *The Medical Times*.

A METHOD OF DISCRIMINATING BETWEEN BUTTERINE AND PURE BUTTER.—The Chemical News gives the following test for butter: Have ready two small but wide-mouthed glass test-tubes, about four inches high, with feet attached. Into one put a piece of butterine or oleomargarine (about the size of a hazel nut), and cork this tube; into the other put a similar-sized piece of pure butter, and cork that tube; next take one in each hand, at the bottom; in ten minutes the butterine melts into a clear, oily fluid, by the mere heat of the blood (98° F.). Pure butter takes twice as long to melt as butterine, and even then is not so clear and oily as butterine, which is a noteworthy difference between them. This is the physical test. For the chemical test, after the tubes have stood to cool for a few minutes, pour on ether to about one third of the tube, and cork well. Agitate the tubes, one in each hand, clasping them well. The butterine readily dissolves into a clear liquor, which the addition thereto of twenty or

thirty drops of spirits of wine does not disturb or precipitate; but a similar experiment with pure butter produces a voluminous white precipitate. Hereby we can easily distinguish one from the other. Even butter adulterated with a portion of oleomargarine or butterine may be detected by a precipitate being formed.—*Pharmaceutical Record*.

THERAPEUTICS OF EYE DISEASES IN RELATION TO GENERAL DISEASES.—Dr. H. Macnaughton Jones, speaking of the therapeutics of eye diseases (Practitioner), says: Obviously our prognosis and much of our success in dealing with many local affections will depend on the correct appreciation of the influences operating both in producing and aggravating these. This influence on treatment can be best realized if we classify the most important morbid states of the eye which are induced by diseases of remote organs. Taking first the *digestive system*, we find as the result of diabetes, cataract, iritis, retinitis, optic neuritis, retinal hemorrhage. Gout causes conjunctivitis, iritis, retinitis, hemorrhage infarctions. Diarrhea and dysentery induce cataract. Hepatic congestion and icterus bring about various visual aberrations, retinal hyperemia and hemorrhage. During dentition occur phlyctenular states of the conjunctiva and cornea, lenticular degenerations, while later on from caries of the teeth arise different reflex disturbances, as for example mydriasis and myosis, amblyopia. The pupil is also affected, and retinal congestion may arise from the presence of intestinal worms. When we turn to the *circulatory system*, we find arterial and venous pulsations in the retinal vessels, retinal hyperemia, hemorrhage, infarctions, detachment, embolus of the central artery, thrombosis, and optic neuritis, as the results of cardiac disease, principally mitral valve disease and hypertrophy. Aortic and other aneurisms, and atheromatous states of the arteries, cause retinal apoplexies and intra-ocular hemorrhage, and are occasionally accompanied by myosis or mydriasis. Albuminuria has following in its train retinitis albuminurica, papillitis, retinal hemorrhage and detachment, hyalitis and hemorrhage into the vitreous, glaucoma, and optic atrophy. Anemia, chlorosis, and leukemia, in their aggravated and pernicious forms, are occasionally attended by papillitis, hemorrhage, and embolus of the central artery. Embolus may also ac-

company violent hematemesis, hemoptysis, or menorrhagia. Ovarian and uterine disorders are the sources of retinal mischief much more commonly than is suspected. The derangements most likely to affect the eye are, ovaritis, suppressed, irregular, and excessive menstruation, uterine tumors, and the pregnant state. The latter condition, through the low tension or high tension of the blood-vessels, the existence of albuminuria, the excess of fibrine, the excessive reflex irritability of the nervous system, is productive of all the complications which result from the albuminuric state, while retinitis and optic neuritis, hemorrhage, embolism, hyalitis, are occasionally caused by ovarian and menstrual derangements.

EMPYEMA IN CHILDHOOD, AND ITS TREATMENT.—In an article on this subject, Dr. V. Simmonds first considers the relative frequency of purulent pleuritic exudations in childhood. A large number of the cases are secondary, very frequently after scarlet fever, and frequently after lobar and lobular pneumonia, in consequence of disease of the bony walls of the thorax, from purulent degeneration of the lymphatic glands, traumatism, pyemic processes and tuberculosis. Of 100 cases, 31 followed pneumonia, 14 scarlatina, 12 tuberculosis, 8 measles, 6 traumatism, 5 typhoid fever, 2 caries of bone, 2 each pertussis and diphtheria, and a perforating hydatid cyst of the liver; 26 cases were primary. Of 240 cases, 140 were males, 100 females, 130 were five years old and under; 82 between five and ten years of age; 38 between ten and fifteen. Of 175 cases, 103 were of the left side, 65 of the right, and 7 bilateral. The prognosis depends very much on the primary affection, and on the state of the child's health. Uncomplicated cases in well-developed children give a good prognosis, especially in those cases in which an operation is not performed, and in cases of perforation of the lung, which does not always lead to pneumonia. Aspiration, as deciding between infiltration and exudation, is a very valuable aid in the diagnosis, and pricking of the lung-substance under antiseptic precautions is not injurious. If purulent exudation be found operative, interference is positively indicated, provided perforation into the pulmonary substance has not taken place, and circumstances favorable to spontaneous cure are not present. Even after perforation an operation

should be performed if the exudation does not decrease, or becomes putrid, or if the general state of the child does not improve. Simple puncture and aspiration is the most uncertain method of operating. Of 48 children treated by this method, 10 recovered independently of the operation, the majority from perforation of the empyema into the bronchi; 20 required more than one operation, and were then treated by other means; 16 recovered; 6 were not benefited, and 6 died. Simmonds recommends the following operation: A trocar of 6 mm. caliber is introduced, a Nélaton's catheter quickly pushed through it, the cannula withdrawn and the catheter tied to a glass tube, the external end of which is connected with a rubber tube, and this carried into a vessel containing borax water. After the deformity of the thorax is reduced the catheter is fixed, about six inches of it being in the pleural cavity. He has treated eight cases by this method, with six recoveries on the 19th, 28th, 29th, 31st, 47th, and 49th days. Of the two fatal cases, one died of general tuberculosis, the other, a weak six-months' old child, of bronchopneumonia. Simmonds always aspirates in anterior or middle axillary line, in the fifth or sixth intercostal space.—*Centralbl. f. d. gesammte Therapie; Medical News.*

CLASSIFICATION AND TREATMENT OF EPITHELIOMA OF THE SKIN.—Giovanni Pascale, in *Deutsche Medical Zeitung*: The author considers epithelioma of the skin a peculiar form to be distinguished from genuine carcinoma, and recommends resorcin in the treatment of superficial epithelioma.

Resorcin has neither the irritating effect of the milder escharotics, nor the destructive action of the stronger. It acts rather more slowly and continuously on the tumor, diminishing the suppuration, disinfecting the sore, and preventing the disposition to hemorrhage. The old, soft granulations undergo disintegration; the infiltrated parts are gradually eliminated. After the removal of all diseased tissue, cicatrization takes place, and the cicatrix is soft and free from pigmentation.

The treatment, which on account of the slow action of resorcin, must be continued for months, brings to the patient neither danger or discomfort, and is never painful. The best method of applying resorcin is as a salve with vaseline, spread on a piece of silk, and laid on the sore. In the mean time washing with a one-and-a-half-per-

cent solution of carbolic acid must not be neglected. In the beginning the proportion may be resorcin, 75 grams, vaseline, 100 grams, or even equal parts. The salve must be renewed daily. Later, after sufficient modification of the surface, the salve may be reduced to resorcin, 50 grams to 100 grams of vaseline. Thereafter, according to circumstances, the salve may be made milder every two, three, or four days, the carbolic wash to be used two or three times a day.

In superficial epithelioma of the skin the author considers success as certain, and reports three cases in proof, two of them in old persons.

In deep-seated epithelioma, as also in the papillary form, the author has had little opportunity of observation. For the latter form, however, the author recommends the removal of the growing excrescences before beginning the treatment with resorcin.—*Cincinnati Lancet and Clinic*.

KERATIN-COATED PILLS.—Dr. Unna, of Hamburg, has discovered a coating for pills, which is likely to prove even more useful than it is ingenious. The task which he set himself was to find a coating which would resist the solvent action of the gastric juice, but would dissolve in the small intestine. This he has succeeded in doing by the use of keratin, a substance extracted from the shavings of ox or buffalo horn. The shavings are first digested by artificial gastric juice (pepsin solution with one-per-cent hydrochloric acid), and are then macerated for weeks in ammonia. When the ammonia is driven off, a gummy solution of keratin is left, from which, by drying, keratin is obtained in the form of shining, bright, yellow flakes.

A pill which is to be covered with keratin requires to be prepared in a special manner. The medicine employed is first rubbed well up with cocoa-butter or tallow, with the addition of some indifferent powder, if necessary, and pills are made. The pills are then covered with cocoa-butter, so as to prevent any of the medicine from being on the surface of the pill. When the pill is hard it receives one, or, better, two or three coatings of the solution of keratin. If the substance of which the pill is made renders solution in ammonia inconvenient, a solution in glacial acetic acid may be used. Keratin-coated pills are insoluble in the gastric juice, but dissolve as soon as they enter the small intestine, and have there-

fore a special value in cases in which medicines which have an irritating effect on the mucous membrane of the stomach are to be administered for any length of time; for example, when arsenic, salicylic acid, creasote, copaiva, cubebs, tartar-emetic, and vermifuge medicines are prescribed.

The method is further useful when medicines are given which are affected by digestion in the stomach, forming insoluble precipitates with pepsin and peptones; for example, tannin, alum, acetate of lead, subnitrate of bismuth, nitrate of silver, bichloride of mercury, etc.; and, further, in the case of medicines which it is desired should enter the intestine in as concentrated a form as possible, and medicines which are given with the view of affecting favorably diseased conditions of the mucous membrane of the stomach without exercising an irritating local action; for example, iron, quinine, arsenic in catarrh of the stomach arising from ammonia.—*British Medical Journal*.

THIRD STAGE OF PNEUMONIA.—At a meeting of the St. Louis Medico-Chirurgical Society (Courier of Medicine) Dr. Glasgow reported a case of pneumonia which had advanced to the third stage, the stage of infiltration with the formation of abscesses. He remarked that most cases of pneumonia either die or get well before they get to the third stage. This man came in about December 6th, in an almost collapsed condition; he was covered with a clammy perspiration; there were tracheal râles and dyspnea. He was stupid; they could get nothing out of him except that he had been sick a good while; that was all he could state. On examining his chest over the lower portion of the right lung there was intense flatness—not the flatness usual in pneumonia, but more like that in pleuritic effusion. There was also intense bronchial breathing, spitting up large quantities of brownish fluid four or five cupfuls during the day. The sputa stuck to the cup. This expectoration continued for two days. There was also a certain degree of acidity of the stomach. On the third day he expectorated simply small particles of purulent secretion almost like the sputa of phthisis; there was very little in the cup. On examining the chest a most peculiar sound was heard over the lung, the bronchial breathing had entirely disappeared, and had been replaced by what might be called mushy râles; they gave a sound as

if air was passing through some very thick fluid, such as we would have by stirring up a quantity of mush. On the second day after there were in his cup large chunks of pure pus, some as long as your finger, solid chunks, and these had a greenish-yellow color. On listening to his chest the mushy râles had entirely disappeared. The whole side of his chest over the infiltrated lung was examined, and there was a râle very much like crepitus, only a great deal larger; it resembled exactly the sound made by throwing salt on fire, a crackling râle which was dry and differed in different portions of the infiltrated lung. In the lower portion it was a very large, dry râle; in the upper portion it was smaller. He was then expectorating these large masses of pus. This condition continued two days; the râles gradually diminishing until they disappeared. On the third day he was simply expectorating large quantities of pus just as in a phthisical case, and the râles had almost entirely disappeared. In place of them a large cavity could be demonstrated in this portion of the lung. He said the man was doing well, bade fair to recover.

HYDROCELE IN THE FEMALE.—Hennig, of Leipsic, read a paper on this subject before the Society of German Naturalists and Physicians in Magdeburg. (*Centralbl. für Gynäk.*)

Hydrocele in the female, he said, was very rare; he has been able to find only thirty-nine cases recorded in literature, and had two cases in his own practice. Apart from their interest to the gynecologist these cases merit the attention of accoucheurs, as hydrocele may render delivery very difficult or even impossible; furthermore, the exudation by passing up the inguinal canal into the abdomen, during labor, may cause peritonitis; three instances of this accident are recorded. It may also cause sterility. A case is reported in which sterility of fourteen years' standing was cured by removal of the hydrocele. Zuckerkandl made post-mortem examinations of the bodies of nineteen young girls, the ages ranging from one to twelve years; in four cases he found the so-called Nuck's diverticulum, bilateral in three cases. If the hydrocele communicates with the abdominal cavity, the contents may be forced out into the cavity. In many cases small sacs are found in the course of the round ligaments; they are liable to occur after traumatism, and to become inflamed.

Hydrocele occurs from the seventh to the seventieth year, and is more frequent in women who have borne children than in nulliparæ. In eight cases it was on the right side, in six on the left, in two it was bilateral. Of forty cases the hydrocele completely filled the canal in twenty-five; of these three did not communicate with the abdominal cavity, and fifteen were closed cysts. In five cases the fluid was bloody.

The affection begins painlessly. At first the swelling is slight, and disappears on lying down. Though there is seldom any fever at first, it comes on when the hydrocele becomes inflamed, which may occur from excessive tension. Erysipelas has also been observed before an operation. Hydrocele in the female has been mistaken for hernia; the diagnosis can be easily made in some cases by the use of the aspirator needle. The hydrocele has been known to suppurate in a few cases, but the suppuration has never extended to the abdomen. Of twenty-eight cases of hydrocele twenty-three were cured, and the hydrocele returned in five cases. The treatment consists at first in placing a bandage over the sac, and later in making an incision and filling the sac with charpie.—*Med. and Surg. Reporter.*

FIEDLER: DIPHTHERIA AND ITS TREATMENT WITH MURIATE OF PILOCARPINE.—(*Jahrb. f. Kinderh.*) Of one hundred and ninety-five cases of diphtheria, which were treated by the author between 1880 and 1884, with a total mortality of seventeen cases, pilocarpine was used in ninety-two cases, with eight deaths. The cases occurred in one hundred and twenty-four different houses. In most of the houses there was but one case, isolation and disinfection being carefully carried out. In houses in which more than one case occurred, the interval between them was, in many cases, so long that a new miasma was presumable, or else that meteorological or telluric influence had given renewed force to the old one. The unfavorable influences of unsanitary surroundings was noticeable in many cases. Of the cases in which pilocarpine was employed, thirteen were mild, fifty-two moderately severe, and twenty-seven very severe. All of the deaths were from the last mentioned class. Guttman's method of using the drug was employed, and only in one case subcutaneously. Salivation usually followed its employment, perspiration seldom; the pharynx usually lost its sensitiveness and the false membranes became limited, and in a few

days came away. In the malignant form of diphtheria pilocarpine was of little use.—*Archives of Pediatrics.*

A SIMPLE METHOD OF TRANSFUSION.—Mr. H. V. Drew, in the Australasian Medical Gazette, describes the following simple method of performing transfusion.

The apparatus consists of a glass funnel, an india-rubber tube, and a silver cannula fitting it. The first step is to obtain the blood and to defibrinate it; this being done, the recipient's vein is opened.

Now comes the most important step. The funnel is held up, with the end of the cannula likewise held up only on a slightly lower level. The defibrinated blood is poured into the funnel until it is full, and the blood is spurting out of the cannula when the finger is placed over its mouth.

The cannula is now lowered, with the finger still over its mouth, until it is close to the recipient's vein, and the vein is held open to receive it. The finger is now removed, the blood immediately flows from the cannula, which is directly inserted into the vein, so no air can enter from this end. The funnel must be watched, and when the fluid is just disappearing at the junction of the glass and the india-rubber, the cannula must be immediately withdrawn, or of course air will follow the blood through the funnel and enter the vein.

Remarks. (a) The funnel may be filled as often as may be necessary, and the operation repeated, provided the funnel is not allowed to empty itself, but the safest course is to remove the cannula from the recipient's vein and to repeat the whole process. (b) There are no cocks or taps, and no foreign matter can accumulate in the tube. (c) There is no danger of air entering if the funnel is made of glass as, directly the fluid is low in the funnel, the cannula is removed from the vein. (d) The apparatus is very inexpensive, as the materials forming it and its simplicity indicate. (e) It is absolutely free from risk, and is very portable.

COMMON SALT IN THE TREATMENT OF PLEURISY.—Schulz (*Dtsch. med. Wchnschr.; Med.-Ztg.*) has had ample opportunity to confirm a statement made by Robison with regard to the efficacy of chloride of sodium in the treatment of pleuritic effusions. In a series of cases of acute pleurisy a tablespoonful of a 1 to 30 solution was given every two hours, dry diet being at the same time imposed. Under this simple treatment

the exudation diminished rapidly, and the quantity of urine passed was noticeably increased. It is stated that the appetite was improved, and that there was an absence of that thirst which would naturally have been expected. The treatment should be restricted to cases of simple exudation, as it is useless in empyema.—*N. Y. Med. Jour.*

"MELLIN'S FOOD," which has won the commendation of physicians and mothers for years past, has achieved a new honor, by securing the first prize, a gold medal, at the New Orleans Exposition, for its superiority as a food for infants and invalids.

The Italian Prime Minister denies emphatically that there has been this spring any case of cholera in Rome.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department of the United States Army, from May 10, 1885, to May 16, 1885:

Lieutenant-Colonel Edward P. Vollum, Surgeon, granted leave of absence for three months, to take effect when his services can be spared by his department commander. (S. O. 110, A. G. O., May 14, 1885.) A Board of Medical Officers to consist of *Lieutenant-Colonel A. K. Smith*, Surgeon, *Major J. C. G. Happersett*, Surgeon, *Captain Jas. P. Kimball*, Assistant Surgeon, appointed to assemble at United States Military Academy, West Point, N. Y., on June 1, 1885, to examine into the physical qualifications of the members of the graduating class and the candidates for admission to the Academy. (S. O. 106, A. G. O., May 9, 1885.) *Major Jas. C. McKee*, Surgeon, sick leave of absence still further extended four months on surgeon's certificate of disability. (S. O. 105, A. G. O., May 8, 1885.) *Major Justus M. Brown*, Surgeon, from Dept. East to Dept. Platte. *Captain Calvin DeWitt*, Assistant Surgeon, ordered to Dept. East. (S. O. 105, A. G. O., May 8, 1885.) *Captain Joseph K. Carson*, Assistant Surgeon, leave of absence extended ten days. (S. O. 109, A. G. O., May 13, 1885.) *Captain A. A. DeLoffre*, Assistant Surgeon, assigned to duty at Fort Sisseton, D. T. (S. O. 46, Dept. Dak., May 4, 1885.) *Captain John J. Kane*, Assistant Surgeon, leave of absence for seven days extended one month. (S. O. 109, A. G. O., May 13, 1885.) *First Lieutenant E. C. Carter*, Assistant Surgeon, leave of absence extended one month. (S. O. 106, A. G. O., May 9, 1885.)

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service for the week ended May 16, 1885:

Fessenden, C. D. S., Surgeon, granted leave of absence for thirty days. May 12, 1885. *Goldsborough, C. B.*, Passed Assistant Surgeon, to proceed to Moss Point, Miss., for special duty. May 16, 1885.

THE
LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, MAY 30, 1885.

Original.

A CASE OF PUERPERAL ECLAMPSIA.

BY PAUL KEMPF, M. D.

In presenting this paper to the medical public, I am cognizant of the fact that nothing new or startling is recorded; but, in order to swell the statistics and to give some few points peculiar to the case in question, from which the statistician and compiler may reap benefit, I submit the following:

In the evening of the 12th day of February, this year, I was called to attend Mrs. T. H. in labor. The lady was a German, of light complexion, and although stout, well-built, and full-blooded, she was of a nervous temperament, and at the present moment anxious about the *denouement*. This was her first confinement in childbed.

According to her testimony, her health during pregnancy was good, and her urine normal. With some apprehension I noticed puffiness of the face, neck, arms, and the lower extremities. Questioning elicited that this had been the case for several days. The skin had a peculiar, unpromising, yellowish hue. On the day before, slight, irregular, and seemingly inefficient uterine pains began. Till now she had complained of great difficulty in retaining her urine. Some hours before this moment her bowels had relieved themselves.

Upon examination I found the os uteri to be dilated to the size only of a nickel, and the edge of the circle was thin as paste-board and hard. This condition of the cervix and the peculiar feel beyond it convinced me that the membranes had already burst, notwithstanding the declarations of the patient herself and of the nurse to the contrary. It afterward proved that I was correct. Parenthetically I may be allowed

to note that in nine cases out of ten the ungraduated midwife, as well as the primiparous woman, knows not when the liquor amnii escapes, or has escaped. The child presented the head in the first position.

Almost immediately after the examination the eyes of the patient became fixed, and the whole countenance assumed a peculiar appearance. She gave no answer upon being called by name, but was attacked by most horrible convulsions. To describe these would be useless, since every textbook pictures them realistically. Though I had never before witnessed a case of puerperal eclampsia, I was absolutely positive that my time had at last come to battle with one of true-blue type. The pupils were much dilated; the pulse was full and bounding, and during the fit much accelerated in speed; the skin was hot and very dry. On another digital examination I was surprised at the intense heat in the vagina, which, but a few minutes before, was of a normal temperature.

This, the first fit, did not last long, and I gave about one quarter of a grain of morphine *per os*, having with me no hypodermic syringe.

Then, preparing a cone for chloroform-inhalation in anticipation of the next attack, the succeeding thoughts passed through my brain. Shall the patient, who is plethoric, be bled? The brain in this case is surcharged with blood, and the convulsions are surely not due to anemia of the brain, as some authors have it. And the full, bounding pulse and hot, dry skin also indicate bleeding. But bleeding would prove of only temporary benefit, since the volume of blood would soon be replenished from the fluids of the system at large, and its quality be deteriorated. Besides, the real cause may be uremia, or the pressure on the brain may be from extravasated blood; and is there not some danger from accidental

or post-partum hemorrhage especially in this case, under which the patient would succumb to the double loss of blood. So I determined, not without hesitancy, not to use venesection. I diagnosed that the first stage of labor had been going on for many hours, and that the membranes had ruptured prematurely, and from this arose the rigid os. The remote cause of the eclampsia was due to a poisonous condition of the blood attended with albuminuria or uremia, and the exciting cause the rigid os, or rather the uterine pains which were ineffectual in dilating it.

Another convulsion came on in about twenty minutes, ushered in by an awful imploring scream, which was soon hushed by the spasms in the throat. The bed actually rocked from the violence of the attack, but chloroform speedily subdued the symptoms.

A speedy delivery was the great desideratum, and so I sent for my brother, Dr. E. J. Kempf, whom I wished to consult. After an hour and a half he arrived. During this time the patient had five convulsions, which were speedily controlled by chloroform. In the intervals the patient was in a comatose slumber with stertorous breathing. The os had now dilated to the size of a silver quarter-dollar, though it was still rigid and thin edged.

The doctor agreed to my diagnosis. To enhance dilatation, an atropine ointment was applied to the os. We also succeeded in administering thirty grains of chloral-hydrate, for the double purpose of quieting the nerves and dilating the os uteri. For two hours the patient had not another fit—when one came with a vengeance. Chloroform once more did its work. The mouth of the womb, to which the atropine ointment had been frequently applied, was now found sufficiently dilated, and the pains were sufficiently regular and strong, to permit the use of forceps. This was nearly five hours after I had first seen the woman. Dr. E. J. Kempf applied the forceps, while I anesthetized the patient to the fullest extent. In some minutes a male child, weighing about eight pounds and crying lustily, was brought into the world. The placenta, by the combined method, was next easily removed, and the uterus contracted perfectly; whether or not in response to a good dose of the fluid extract of ergot after the patient had rallied somewhat, is a question.

Our hopes that the convulsions would not recur, were soon destroyed by an attack as violent as any preceding. The

usual remedy and afterward another dose of chloral-hydrate were administered.

My brother, having returned home, sent me a hypodermic syringe and a solution of sulphate of morphine, one half grain to the dram of distilled water. I injected one fourth of a grain, and for an hour the patient rested quietly. During this period the pupils were much contracted through the morphine. Now she opened her eyes and exhibited markedly dilated pupils and was again convulsed. Chloroform again having speedily arrested the attack, another one fourth of a grain of morphine was hypodermically administered. Thus a half grain, injected in one hour, was active in her system. The patient came under the influence of the opiate to the very dividing line of its therapeutic action and its dangerous poisonous action. Indeed, a slight convulsion, which occurred about an hour and a quarter after the last injection of the morphine, relieved my anxiety regarding its too powerful action. This attack, during which the pupils again were dilated, and after which they were again much contracted, was the last one. This was at half past one o'clock on the 13th day of February.

Through all this day, and the night before, the patient took not the slightest nourishment, and slept continuously excepting during the convulsive seizures. A hog-bladder partly filled with crushed ice kept the head in a cool and pleasant state. At seven o'clock in the evening she awoke. Her skin was no longer hot and dry, but a grateful moisture covered her entire body. She answered to her name, and swallowed some brandy and water. The crisis had come—the patient would recover.

Soon she expressed a desire to urinate, but did not succeed in doing so. I attempted to use the catheter, but her extreme irritability and resistance (she still seemed to wander mentally) caused me to desist, fearing that the dreaded convulsions with all their horrors would return. Finding the bladder not distended, and not wishing again to give chloroform (of which she had already inhaled over six ounces), I let nature, now rallying, act alone.

Leaving a mixture of potassium bromide and chloral-hydrate to be given at stated intervals, and ordering an occasional draught of milk alternated with brandy-toddy, I left the patient in care of her nurse.

Next morning I found that the woman had rested well, and that a copious discharge

of brown, ill-smelling urine had occurred. The chloral-hydrate was now discontinued, the potassium bromide being still given. Quinine in anti-febrile doses was ordered, and light, nourishing diet.

On the 14th of February, and on the two consecutive days, some fever occurred, which was checked by the more liberal use of quinine.

About two weeks afterward a pustular eruption broke out on both mother and child, though they were otherwise perfectly healthy. I ordered three grains of iodide of potassium with a tablespoonful of the compound syrup of sarsaparilla to be given to the mother thrice daily. The eruption has now almost entirely disappeared from both mother and child.

In conclusion the indulgent reader will allow me to point to the following facts:

The chloral-hydrate internally, and the atropine (about one half grain of the sulphate was applied) to the uterine cervix, hastened or even caused the dilatation of the os. While the chloroform alone was used very little dilatation could be appreciated.

The speedy delivery by the forceps, although the convulsions did not immediately afterward cease, saved indirectly the woman's life, and directly the child's. One third of the children in puerperal eclampsia are still-born if labor is left to nature. "Letting nature alone" is often used as an excuse by ignorant or too timid persons. "Meddlesome midwifery" is to be cavilled at; but none the less so is culpable negligence. By the earliest possible application of the forceps in this case no harm was done to either the mother or child, but great good.

The chloroform controlled each individual convulsive attack, and allowed other remedies of more continuous action to be administered.

The subcutaneous use of morphine was the main factor in curing the malady, and without it I think the woman would have died.

The case resulted favorably without venesection, which, though apparently indicated, might have done great mischief.

The patient was stout and full-blooded, of a nervous temperament, and a primipara.

Albuminuria, with anasarca of the head and neck and extremities, was present. What connection this had with the eclampsia I have not seen satisfactorily explained in any records.

The extreme heat in the vagina immediately before and after and (inferentially) during the attacks is noticeable.

The convulsions set in at night. Many authors affirm this to be, as a rule, the case in puerperal eclampsia.

The dilatation of the pupils during the attacks points to pressure on the brain; but was in this case due to vascular disturbance.

Although not able positively to affirm it, I believe emphatically that the uterine muscles acted forcibly during the convulsions, and that each convulsive attack began with a new severe uterine pain. This would indicate that the irritation of the uterine nerves, carried or reflected to the great nerve-centers, was the immediate or exciting cause of each convulsion. I am suspicious that the subsequent eruption of the mother (the child contracting the same trouble from the mother through the milk) stood in some relation to the peculiar poisonous condition of the blood which (as most authors affirm) is ever present in puerperal eclampsia.

FERDINAND, IND., March, 1885.

Miscellany.

THE FREE USE OF CAUSTIC POTASH IN THE TREATMENT OF CANCER OF THE CERVIX UTERI.—Dr. Herbert Snow read a paper on this subject before the Medical Society of London (British Medical Journal), in which he reviewed the statistics of extirpation of the uterus, and showed the severe mortality which followed the abdominal or the vaginal operation. In many cases the *écraseur* was unable to remove the whole of the disease of the cervix uteri. The actual cautery had too superficial an action to be of any great service. Chloride of zinc caused much pain and distress, which lasted for a long time. These objections did not hold with regard to potassa fusa. Half an hour or an hour was recommended to be spent in the employment of successive sticks of potassa fusa, for the treatment must be thoroughly carried out. None of the cases suffered from peritonitis; and unless the patient get up too soon after the operation, nothing distressing need be feared. All the cases were greatly benefited, and no alarming symptoms were encountered. Fixation of the uterus and infiltration of the vaginal wall were regarded as prohibiting the employment of this method of treatment. It

was only by degrees that he had ventured to apply the caustic so freely as he now advocated. He illustrated the paper by narrating several cases in which the treatment had been adopted. The object of the paper was to show that potassa fusa could do all that the vaginal cutting operation could perform, without running the risk of the severe operation.

RECENT FRACTURE OF THE PATELLA TREATED BY SUTURE OF THE FRAGMENTS.—The British Medical Journal says: A man, aged fifty-eight, having been admitted into the Liège Hospital for a transverse fracture of the patella with considerable displacement of the fragments and abundant effusion into the joint, Prof. von Winiwarter decided to perform the operation on the day following the accident. A longitudinal incision was made into the joint, and it was then seen that the space between the fragments was occupied by hard adherent clots, which had to be carefully removed. The joint was washed out with a two-and-a-half-per-cent solution of carbolic acid, and the fragments united by two wire sutures. A drainage-tube having been passed through small openings on both sides of the patella, the wound was dressed antiseptically and the limb placed in a plaster-of-Paris splint. No accident followed the operation, and on the seventeenth day the patient was able to walk about with crutches. The wound had healed by first intention, and the wire sutures had become encysted. Prof. von Winiwarter thinks that in young people fractures of the patella with moderate displacement of the fragments are to be treated by the ordinary means, but that under less favorable circumstances there is great advantage in uniting the fragments by wire sutures.

SECOND ATTACKS OF SCARLET FEVER.—Dr. Jacob read a paper on this subject before the Leeds and West Riding Medico-Chirurgical Society (British Medical Journal). A child, aged two years, was admitted into the Fever Hospital with symptoms of scarlet fever, from which disease her mother was at the time suffering. After a slight attack the child was discharged perfectly well, there being no desquamation. A few days afterward she was re-admitted, suffering from very severe symptoms of a renewed attack—high fever, ulcerated throat, and convulsions—which rapidly proved fatal. The notes of a second case of precisely similar character had been given him by the kind-

ness of Dr. Blore, the resident medical officer of the Fever Hospital, which also ended fatally. In such cases it might be held: (1) That the diagnosis of either attack was incorrect. (2) That the second attack was a relapse, an auto-infection, such as was seen in cases of typhoid fever. (3) That the second attack was caught in the hospital; the first attack had given no prophylaxis. If this last alternative were the correct view, it would be important not to expose a very light case of the fever to the risks of a second infection.

MARION HARLAND describes a few good and wholesome nursery desserts in Babyhood for May, for mothers who are judicious enough to give their littlest ones such instead of rich cakes and puddings. Wm. P. Gerhard, C. E., contributes to the same number a practical talk on Country Houses and their Surroundings, exposing the false sense of security in which many families indulge merely because they do not live in the city. Were some of his suggestions heeded disease would make fewer raids in the nursery. Besides various other important topics which are treated in this issue, the readers of the magazine appear to vie with its editors in furnishing useful hints. Among the subjects dealt with in their letters and queries are Nicknames, A Special Room for the Baby, The Training of Mothers, Home made Baby-tenders, Crying and Sedatives, Imaginary Fear, Jumping in Sleep, Feeding on a Journey, Toeing-in, The Shirt of Nessus, Oatmeal-Gruel, Early Impressions, etc. This journal is issued in New York, and costs \$1.50 a year.

HOLLOWAY-HOLLAND.—On the evening of the 14th inst. quite a notable event took place, in the way of a farewell supper given to Professor Holland by Professor J. M. Holloway, at the residence of the latter. The company present was quite a distinguished one. The law was represented by Garvin Bell and Lee Woolfolk, the city profession by Preston B. Scott and Coleman Rogers, the Louisville Medical College by Professors Kelley and Galt, the Kentucky School by Professors Holloway, Coomes, and Wathen, the Hospital School by Professors Bailey and Larrabee, and the University by Professors Anderson and Palmer. It is noticeable that the genial host ran the risk of the traditional unlucky thirteen at the table, as Professor Holland made the fourteenth of the party, but happily no one

invited failed to put in an appearance. Enjoyable as was the delicious *menu*, still more to be remembered with lasting pleasure was the universal good-fellowship that pervaded the assemblage as, midst the popping of corks and clouds of fragrant smoke, they pledged each other and their departing guest.

VARICOSITIES OF THE LINGUAL VEIN AS A DIAGNOSTIC SIGN.—G. Cecil Dickson, in British Medical Journal, says that under certain conditions, especially in elderly persons, the ranine and lingual veins become remarkably dilated and varicose; often they are much enlarged and present many bulgings which extend in a racemose manner to the edge of the tongue. From observation he believes that this condition indicates important changes in the vascular circulation. In two cases in which this condition was marked both eventually had cerebral hemorrhages. The lingual vein being a branch of the internal jugular will indicate the state of the blood current in this vein, and thus show the condition of the entire intracranial venous system. Distensions and varicosities of the lingual will thus become associated with passive congestion in the brain sinuses, and thus point out the diseases that are liable to occur when this condition is present.

THE EPIDEMIC OF TYPHOID FEVER IN PLYMOUTH, PA.—Dr. Herman M. Biggs (New York Medical Journal) has been investigating the outbreak of typhoid fever at Plymouth, Pa. He says the conclusion is scarcely avoidable that this epidemic was due to the contamination of the water in the reservoir by the stools of a single patient with typhoid fever, whose case occurred on the stream supplying the reservoir several miles distant from the town. The magnitude of the epidemic and the clearly defined relations existing between the first and the succeeding cases combine to make this one of the most instructive as well as one of the most terrible instances which ignorance and negligence have contributed to the records of disease.

GLUCOSIDE OF BOLDO AS A SUBSTITUTE FOR COCAINE.—The Paris correspondent of the Medical Record says that M. Laborde has found that the glucoside of Boldo in certain proportions produces ocular anesthesia as well marked and similar to cocaine.

OCULAR SURGERY.—Dr. Landolt, of Paris, begins this summer a course of practical lectures on operations on the eye. Should a sufficient number of American medical men desire to attend regularly, the Professor will take great pleasure in forming a separate class for them, before which the lectures will be delivered in English.

Prof. Landolt's address is 4 Rue Volney, Paris.

CANCER AND CIGAR SMOKING.—The Medical Record says that tobacconists in New York City admit that since publicity was given to General Grant's case, there has been a considerable falling off in the number of cigars sold in that city.

THE Missouri State Medical Association held its annual meeting in St. Joseph, May 12th, 13th, and 14th. Dr. G. C. Catlett, of St. Joseph, Superintendent of the State Insane Asylum, No. 2, was elected President.

THE chair of Anatomy in the University of the City of New York, made vacant by the death of Dr. William A. Darling, has been filled by the appointment of Dr. Lewis A. Stimson.

AT the recent meeting of the Indiana State Medical Society, Dr. J. S. Greggs, of Allen County, was elected President, and Dr. E. L. Elder, of Marion County, Secretary.

THE death of Prof. Panum, of Copenhagen, the President of the last International Medical Congress, is announced to have taken place on the 3d inst.

DR. PORTER, of New York, recently exhibited specimens showing the bacillus of syphilis, thus confirming the discovery of Lustgarten.

THE University of Pennsylvania at its recent commencement conferred the degree of M. D. upon one hundred and eight graduates.

THE American Climatological Association held its second annual meeting in New York City, on May 27th and 28th.

DR. ROBERT KOCH has been appointed Professor of Hygiene in the University of Berlin Medical Faculty.

The Louisville Medical News.

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H. A. COTTELL, M. D., - - - - - Editor.
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THE DISINFECTED OBSTETRICIAN.

Before the Section of Obstetrics and Diseases of Women, at the recent meeting of the American Medical Association, Dr. George F. French, of Minneapolis, read a paper under the following title: How Soon after Exposure to Sepsis may the Accoucheur Resume Practice?

After stating that the septicemic variety of puerperal fever is caused by the contagia of erysipelas, scarlet fever, and septic dirt, and his belief that the evidence upon which this statement rests is as demonstrable as any proposition in Euclid, the author quoted the following letter of inquiry, a copy of which had been sent to some of the most distinguished medical men in this country and in Europe:

How soon after exposure to sepsis may the accoucheur safely resume practice? My purpose is to controvert the opinion which obtains in the profession that time is an essential element in the process. I have had an experience which emboldens me to make abdominal section on the day following the exposure. I greatly desire to know whether your own experience warrants me in pursuing such a course.

In reply, Thornton, Savage, and Hegar wrote that they believed time essential—to

be accompanied, of course, with careful cleansing—while Emmet, Battey, Marcy, Goodell, and Thomas, with Martin, Schroeder, Nussbaum, Volkmann, and Esmarch expressed the opinion that time was entirely non-essential, and that thorough disinfection could be at once accomplished.

The letter from Esmarch was characteristic, and epitomized the subject. He wrote:

If you have thoroughly disinfected yourself, you can immediately enter upon obstetric practice. Time does not destroy septic dirt.

As proofs of his confidence in his ability to accomplish absolute disinfection, Dr. French cited the following experiments:

June 21, 1884, after laying open a dissecting abscess of the thigh in a pyemic patient, and stripping the limb with both hands until they were offensively drenched with the pus, I carefully disinfected myself, and three hours later attended Mrs. M. in confinement.

July 22d, in dealing with a case of pyonephrosis, before penetrating the kidney I came upon a foul perinephritic abscess. Passing through this, the kidney was incised, explored, and its grumous contents scooped out with the finger. The hand was so long engaged in this work that a more complete purulent saturation could hardly be conceived. In the afternoon of the same day I confined the wife of a physician, having stated to him the full extent of my morning exposure. In both cases the convalescence was perfectly normal.

February 11, 1885, I purposely infected my index finger with the ichor of an erysipelatous case, and after a corrosive-sublimate washing inserted it in a fresh wound from which I had just excised a tumor. Instances of this kind might be multiplied.

His method of auto-disinfection is thus described:

Particles of contagia most frequently find lodgment on our hands, and particularly under the finger-nails. It is always possible after the ordinary use of a nail-brush or knife to remove particles of dirt in which the microscope reveals living germs of possible infection. On this account I cut the nails short and swab under them with a blunt instrument covered with cloth and wet with some disinfecting liquid. I formerly used for this purpose five-per-cent carbolic acid, but this made the flesh crack, so I now use instead corrosive-sublimate solution, 1:2000. For hang-nails, cracks, and abrasions I use collodion.

The author quotes in full the letter written him by Prof. Volkmann, which might seem

to justify the above noted reckless behavior. The eminent German surgeon says :

A surgeon who disinfects himself well can, immediately after making a post-mortem, undertake any operation known to surgery. Every morning from six to eight during the summer I am obliged to give the students operations on the cadaver; and from ten to three I am busy in the hospital, operating, and dressing wounds. I have never yet infected a patient. In the winter I have no operations on the cadaver. Comparing my results in the clinic, I can assure you that the mortality in summer is not greater than in winter.

Those surgeons who do general practice, treating every thing from aneurism of the aorta to infantile colic, will take heart on reading Dr. French's paper, and pocket certain post-obit obstetric fees with less compunction of conscience now than heretofore, while those conservative physicians who never did believe in bacterial infection will now advertise their skepticism with louder laughter than they ever dared to make before. For it requires no more than a superficial survey of the propositions and experiments as laid down and detailed by Dr. French to show that they force upon us one of two inevitable conclusions, neither of which gives aught of strength to the theories of the germ-infectionist. The alternative is that the peripatetic microbe of pyemia, septicemia, erysipelas, etc., is not so deadly as supposed, or that the surgeon bears a charmed life.

It is not probable that the puerperal woman is physiologically any more susceptible to inoculation from septic matters than the non-puerperal woman or the man, though she may be more liable to infection, in that the area of recent placental attachment in her womb offers a large abraded surface for the entrance of microbes into her general circulation. But if any thing is proved by bacteriological culture and inoculation in animals, it is that the slightest scratch or puncture, if it be wide enough to let a single microbe slide under the skin, will serve most adequately as an avenue of infection.

In the light of these facts it is unreason-

able to suppose that a surgeon with visible abrasions and hang-nails upon his fingers, as Dr. French admits, with doubtless undiscovered hiatuses in the skin of his hands and fingers, could himself escape infection from any specific germs which, through his fingers after careful washing, would have inoculated the lying-in women.

It is by no means as demonstrable as very many points in pathology, to say nothing of a "proposition in Euclid," that such diseases as pyemia, erysipelas, and scarlet fever can engender puerperal fever in the parturient woman, though there is evidence enough upon the point to admonish the physician against submitting such patients to any possible risk from dirty or infected hands. But however moot may be the question as to whether puerperal fever be a secondary affection dependent upon the infectious germs of certain primary diseases or a disease having its own specific cause and character, the experiments of Dr. French leave it no less mooted, nor are they significant of any thing beyond the probable innocuousness of the matters in which he saturated his fingers and his own overweening faith in the antiseptic all-sufficiency of corrosive sublimate.

Bibliography.

Micro-Chemistry of Poisons, including their Physiological, Pathological, and Legal Relations; with an appendix on the Detection and Microscopic Discrimination of Blood. By THEODORE G. WORMLEY, M.D., Ph.D., LL.D., Professor of Chemistry and Toxicology in the Medical Department of the University of Pennsylvania. With ninety-six illustrations upon steel. Second edition. Philadelphia: J. B. Lippincott & Co. 1885. 8vo., cloth, pages 784. For sale by John P. Morton & Co. Price, \$7.50.

The appearance of the second edition of this masterly work has long been anxiously awaited by all who have reason to take interest in toxicology, for the first edition, though unique as a contribution to this branch of science, had been left behind in the rapid advancement which has characterized the chemistry of recent years. As to the character, scope, or arrangement of the work in general, it is needless for the

reviewer to speak, since no chemist, physician, or lawyer on this side of the world, who has aught to do with toxicology, is unfamiliar with Wormley.

Among the noteworthy features of the new edition are, a discussion of chlorate of potassium poisoning; post-mortem diffusion of arsenic; arsenic in medicines, in fabrics, and in glass. In reference to the latter the author mentions in a note, that since the text on this subject was in print he has examined the glass of some American beakers which contained 0.34 per cent of metallic arsenic. This, however, is not seriously to the discredit of American glass, since the author was able to find it in some specimens even of Bohemian manufacture, one sample yielding 0.314 per cent. At first sight these facts would seem to be seriously in the way of the chemist who might be hunting for arsenic in fields which promise but a small harvest. But the author gives the comforting opinion "that there would be little or no danger of arsenical glass yielding up any of the metal in the ordinary application of Marsh's test." Solutions of ammonium hydrate and ammonium sulphide, various neutral reagents, and concentrated mineral acids kept in bottles of arsenical glass for long periods (some for more than three years), failed to take up a trace of arsenic. On the other hand, it was found that sodium and potassium hydrate would become contaminated in a few days. This is a hint in time to any chemist who may be fond of Fleitmann's test.

Among other additions, are Dragendorff's method for the recovery of vegetable principles; the nature of ptomaines, and the preparation, properties, and recovery of jervine. A new chapter is given on gelseminum poisoning, and an appendix on the nature, detection, and microscopic discrimination of blood. The original text has been much amplified by the incorporation of new methods for the recovery of poisons from organic mixtures, and the introduction of many new illustrative cases of poisoning.

The nomenclature of the new chemistry is of course adopted, but the author shows how hard it is to escape the influence of fixed habit by the occasional use of terms which point out too clearly the line of his difficult descent.

The English system of weights and measures is retained; but since the amounts estimated are expressed always in some decimal fraction of the grain, this sop to Cer-

berus is not likely to prove a cud too bitter for the chemist's classic taste.

Two new steel plates illustrative of the crystalline forms of morphia iodide and m. iodohydrargyrate, jervine, gelseminum, gelsemic acid, with hemin crystals under high powers, have been added. These are executed with that infallible truth to nature, in clearness of definition, gracefulness of delineation, and delicacy of shading, which marks the matchless work of Mrs. Wormley.

A third plate, giving the comparative sizes of the blood corpuscles of the man, dog, mouse, ox, sheep, and goat, as they appear under a magnifying power of 1,150 diameters, with the actual diameter of each expressed in fractions of the inch, is another striking and valuable addition to the work. The study of the blood, as set forth in the appendix, is very interesting, and may be regarded as the most complete investigation of the comparative micrometry of mammalian blood corpuscles extant. As is well known, Professor Wormley has devoted a number of years to this important work, in which he had for some time the efficient help of Professor Leo Mees. Other observers have joined in the work, but priority, we believe, and certainly the chief honor attaching to it belong to the author.

Out of research in what once seemed a barren field have come facts of large physiological interest and most important medico-legal bearing, as seems warranted by the following conclusion.

After a most searching study of the bloods of forty different mammals, and a comparison of the measurements of Professor Gulliver (extending over about the same ground) with his own, the author says, "that a microscope may enable us to determine with great certainty that a blood is *not* of a certain animal and is *consistent* with the blood of man, but in no instance does it, in itself, enable us to say that the blood is really human, or indicate from what particular species of animal it was derived."

Elements of Practical Medicine. By ALFRED H. CARTER, M.D., London, Member of the Royal College of Physicians, London, Physician to the Queen's Hospital, Birmingham, etc. Third edition. New York: D. Appleton & Co. 1885. For sale by John P. Morton & Co.

As a hand-book for the practitioner, or an introduction to the study of medicine, this work can not fail of good service, since in it the author brings out the essential features

of each disease, its pathology, clinical history, diagnosis, prognosis, and treatment with singular felicity of description and remarkable condensation of text.

The popularity of the book is attested by the fact that three editions have been called for in less than five years. It is arranged in nine sections, in which are discussed systematically, General Pathology, General Diseases, Diseases of the Respiratory System, Diseases of the Circulatory System, Diseases of the Alimentary System, Diseases of the Urinary System, Diseases of Nervous System, and Diseases of the Skin.

The book is made still more serviceable by the free use in its pages of tables for the classification of diseases of certain types and for the making clear of points in the differential diagnosis of such affections as may have similar general characteristics. A full therapeutic index, giving in well-made formulæ such medicines as the author finds useful in practice, also contributes to the practical value of the work.

The Science and Art of Surgery. A Treatise on Surgical Injuries, Diseases, and Operations. By JOHN ERIC ERICHSEN, F. R. S., LL. D., F. R. C. S., Surgeon Extraordinary to Her Majesty the Queen, etc. Eighth edition. Revised and edited by Marcus Beck, M. S. and M. B. Lond., F. R. C. S., Surgeon to University College Hospital, etc. With 984 engravings on wood. Vol. II. Philadelphia: Lea Brothers & Co. 1885. For sale by John P. Morton & Co.

It will be recollected by our readers that on the receipt of the first volume of this standard work we dwelt at length upon several of those important topics which necessitate new editions of old books, and are fitting themes for the reviewer. Since the second volume proves itself to be in every part consonant with the original plan of the reviser, it is not necessary that we should do more than indicate the nature of its contents.

This volume continues and concludes the author's discussion of surgical diseases and deformities and the various operative procedures which look to their relief. The author's failure (unavoidable, because at the time of its presentation the book was already in press) to treat of corrosive sublimate as a germicide in his admirable chapter on antiseptics in the first volume is made good by an appended chapter to the second which does the subject full justice.

The American Eagle, devoted to the American Exhibition of Arts, Inventions,

Manufactures, Products, and Resources of the United States. May 1, 1885. Vol 1, No. 3. Office, No. 7 Poultry, London, E. C.

A Case of Psycho-Sensory (Affective or Moral) Insanity. By C. H. Hughes, M. D., St. Louis, Mo. Reprint from the *Alienist and Neurologist*, April, 1885.

Transactions of the New York State Medical Association, for the year 1884. Volume 1. Edited for the Association by Austin Flint, jr., M. D., of New York County. New York State Medical Association, founded 1884. New York: D. Appleton & Co. 1, 3, and 5 Bond Street. 1885.

The Public Herald, Philadelphia, April, 1885. Lum Smith, editor and proprietor. 706 Chestnut Street. This monthly seems to be doing good work in exposing quacks. Especially has it shown to the public the true character of "Dr. Lightfoot," the "Indian Doctor," who has visited in days ago many of our southern and western towns.

The Year Book of Treatment for 1884. A critical review for the Practitioners of Medicine and Surgery. Contributors, J. Mitchell Bruce, M. D., T. Lauder Brunton, M. D., F. R. C. S., Thomas Byrant, F. R. C. S., F. H. Champneys, M. B., Alfred Cooper, F. R. C. S., etc. Philadelphia: Lea Brothers & Co. 1885. For sale by John P. Morton & Co.

A Treatise on Amputations of the Extremities and their Complications. By B. A. Watson, A. M., M. D., Surgeon to the Jersey City Charity Hospital, to St. Francis's, and to Christ Hospital at Jersey City, N. J., etc. Illustrated by upward of two hundred and fifty engravings and two full-page plates. Philadelphia: P. Blakiston, Son & Co., 1012 Walnut Street. 1885. For sale by John P. Morton & Co. Price, \$5.50.

The Southern Journal of Health. A popular Monthly devoted to Climate, Hygiene, and Sanitary Science. Editor, Horatio P. Gatchell, M. D. Vol. 1, No. 1. This is a monthly of sixteen pages published at Asheville, N. C. It contains practical suggestions and short articles, mainly devoted to household sanitation and the relations of climate to health, having for its aim to teach how to avoid disease and not how to combat it after it has invaded the household.

Bacterial Pathology. A series of papers on the Exhibits at the Biological Laboratory of the Health Exhibition, under the charge of Watson Cheyne. Reprinted from

the London Lancet. Illustrated with over thirty engravings, showing the appearance of the Bacteria, and the apparatus used in preparing and cultivating them. New York: The Industrial Publication Company. 1885. Price, twenty-five cents. For sale by John P. Morton & Co.

Clinical Studies on Diseases of the Eye, including those of the Conjunctiva Cornea, Sclerotic Iris, and Ciliary Body. By Dr. Ferdinand Ritter Von Arlt, Professor of Ophthalmology in Vienna. Translated by Lyman Ware, M. D., Surgeon to the Illinois Charitable Eye and Ear Infirmary; Ophthalmic Surgeon to the Presbyterian Hospital and to the Protestant Orphan Asylum, Chicago. Philadelphia: P. Blakiston, Son & Co., No. 1012 Walnut Street. 1885. Price, \$2.50. For sale by J. P. M. & Co.

The Curability and Treatment of Pulmonary Pththisis. By S. Jaccoud, Professor of Medical Pathology to the Faculty of Paris; Member of the Academy of Medicine; Physician to the Lariboisière Hospital, Paris; etc. Translated and edited by Montagu Lubbock, M. D. (London and Paris), M. R. C. P. (Eng.), Assistant Physician to Charing Cross Hospital, and to the Hospital for Sick Children, Great Ormond Street, London. New York: D. Appleton & Co., 1, 3, and 5 Bond Street. 1885. For sale by John P. Morton & Co.

Messrs. P. Blakiston, Son & Co. announce that the Medical Directory of Philadelphia, Pennsylvania, Delaware, and the southern half of New Jersey, is ready for 1885. It is believed that this book is as complete as it is possible to make a volume of the kind. The utmost care has been taken to make the lists correct. The Philadelphia list of physicians alone contains nearly 1,900 names, 250 more than have ever appeared in any previous Medical Directory, and the State lists are much larger than any hitherto published. It contains 10,000 reliable names. 397 pages. Full morocco, gilt edges, \$2.50.

It is rumored that Dr. W. H. Pancoast has tendered his resignation of the chair of Anatomy in Jefferson Medical College, Philadelphia.

PROF. HENLE, the great anatomist of tubal fame, died in Berlin, on the 18th inst.

Correspondence.

PARIS LETTER.

[FROM OUR SPECIAL CORRESPONDENT.]

With reference to your editorial remarks in the NEWS of the 18th ultimo, on the action of cocaine, I may add those made by Dr. Dujardin-Beaumetz at a recent meeting of the Société de Thérapeutique, which may "serve as a warning to those who fail to use the drug without accurate knowledge of its power and an eye single to its physiological effects." Dr. Dujardin-Beaumetz stated that cocaine is neither caustic nor toxic; it should, however, be employed with great circumspection; and, notwithstanding the opinion of some medical men to the contrary, the strength of the solution for mucous membranes should never exceed two per cent, and that for the skin five per cent. When used hypodermically the injections should be performed with the patient in the horizontal position to prevent any ill effects which might occur, as has been the case with the author under the following circumstances: In experimenting on themselves, Dr. Dujardin-Beaumetz's preparator and the chief of his laboratory were both affected with syncope by the injection of a rather strong solution of the hydrochlorate of cocaine. (It is a pity that the author has not given the strength of the solution.) In his private practice, Dr. Dujardin-Beaumetz observed two cases similarly affected, and, in a third, the patient experienced indescribable sensations accompanied with cerebral excitement, ideas of greatness, delusions of being taken up in the air. All these accidents were only temporary and always happened to the patients when the injections were performed in an upright position. It is curious to note, added the author, that the strength of the solution of the cocaine did not seem to have any influence in producing these results, as the same phenomena were observed with two centigrams and ten centigrams. The conclusion was that the vertiginous accidents resulted from cerebral anemia, for when the patients lay in the horizontal position at the time of the injection nothing of the kind was observed.

Dr. Lacroix lately published, in the *Bulletin Médical du Nord*, some interesting remarks on the cure of acute meningitis with ergotine. Having been encouraged by the success of this treatment in one case, he was induced to try it in others, and the re-

sults were equally successful. He based the treatment on the fact, that in acute meningitis the smaller vessels of the pia mater are hyperemied, and consecutively the production of exudations takes place. Ergotine producing contractions of the smooth fibers, their elasticity returns, and the flow of the blood being resumed the stasis and congestion disappear. Consequently, if before the appearance of exudations ergotine be administered, the chances are in favor of the cure of the meningitis. The dose recommended by the author is one to two grams in children up to four years of age, and three to four grams in the adult, in the twenty-four hours.

Professor Pécholier, of Montpellier, lately presented at the Academy of Sciences an interesting paper on the antizymasic action of quinine in typhoid fever. After having brought to the recollection of his hearers that for twenty years he has taught that typhoid fever is due to an organized ferment, the evolution of which can be arrested by creasote, carbolic acid, sulphate of quinine, he stated that the method which seemed to answer best was to commence by the administration of the sulphate of quinine as soon as there was the slightest suspicion of typhoid fever, in doses of eighty centigrams to one gram daily during the height of the fever, which was gradually decreased until complete defervescence had taken place. To give larger quantities of the alkaloid he considered dangerous. The virtues of quinine have already been taken advantage of and applied to the ferments of intermittent fever, miliary fever, and puerperal fever.

Dr. Dehenne made a very important communication at the recent Congress of French Surgery on the influence of traumatism in ocular surgery on impaludism. He related a case in which he operated for cataract. The result being unfavorable he searched for the cause, and learned that the patient was the subject of malarial fever. He then administered the sulphate of quinine; an improvement almost immediately took place, and the patient soon got well. This case is a volume in itself, and would seem to suggest the necessity of inquiring, in cases of failure in operative surgery, whether ocular or general, as to the existence of impaludism in patients operated on and to administer the sulphate of quinine, the reputed specific for such an affection.

The *Courier Medical* has reproduced an article from the *Archives Medical de Belges*, by Dr. Petitjan, on the simultaneous admin-

istration of the iodide of potassium and mercury in the treatment of syphilis. The author remarked that when he administered the iodide of potassium to a syphilitic patient, and that after a few minutes he injected subcutaneously a solution of the bichloride of mercury or of mercuric peptone, salivation set in in a very short time, and sometimes even after the administration of a single small dose. At the same time he remarked that the existing syphilitic manifestations disappeared much more quickly than when the iodide of potassium and the mercury were given separately. The same results were observed when the iodide of potassium was administered internally, and the mercury applied endermically at the same time, which is effected by the application of a mercurial ointment on the skin, the part having been previously made raw by means of a blistering plaster. The author mentions seven cases of syphilis, one of which was severe syphilitic paralysis, in which this mode of combining mercury and iodide of potassium had given him the most satisfactory results.

PARIS, May 15, 1885.

MURIATE OF COCAINE.

Editors Louisville Medical News:

The extraordinary power of cocaine salts to allay sensibility of the eye and produce local anesthesia of its membranes has induced the profession to make a trial of its effects in minor surgery. The surgeon will hail the advent of a remedy that can be substituted for more powerful anesthetic agents, especially if his patient be suffering from some of those cardiac or pulmonary troubles that render chloroform and ether so dangerous.

The following report, which illustrates the effect of cocaine as a local anesthetic, may be of interest to the surgeon:

Mrs. Lyon, aged seventy-eight years, had suffered with epithelioma of the lower eyelid for three years, extending from the internal to within a few lines of the external canthus. The growth had greatly thickened the mucous membrane, while the external surface presented that worm-eaten appearance so characteristic of this form of cancer. Having a fatty heart, the more powerful anesthetics were contra-indicated, and I determined to give the muriate of cocaine a trial. I dissolved three grains of the salt in one half dram of water.

The application was made with a camel's-hair brush to the internal and external surfaces of the lid consecutively. Three applications were made in ten minutes. The lid was then strongly everted, and an excision made through the mucous membrane and the orbicular muscle, removing the entire growth. No pain, or at least very little, was experienced during the entire operation. Nor was there any pain or soreness following. The wound healed nicely, leaving but little deformity.

Incident to this operation I made the following observation on the eye: In five minutes after the use of the cocaine the cornea began to lose its sensibility, and in ten minutes the eye could be handled without pain or irritation. The conjunctiva was longer losing its sensibility—about ten minutes before I could seize it with a pair of forceps without pain. It was further noticed that in from three to five minutes the pupil began to dilate. I failed to note the time during which the pupil remained dilated. The anesthetic effect seemed transient, being nearly lost in from twelve to fifteen minutes. The drug produces not only complete anesthesia of the mucous membrane, but it also impairs the movements of the lids and eyeball. T. M. KYLE, M. D.

MANCHESTER, IND.

Selections.

FUNCTIONAL DISTURBANCES OF THE EYES FOLLOWING DIPHTHERIA OF THE FAUCES.—Herschel (*Jahrb. f. Kinderh.*): The disturbances of vision which follow diphtheria, in so far as they depend upon paralyzes of the motor portion of the optical apparatus, have been observed many times from the days of Donders, and a knowledge of them is a common thing. The author has been in a position, however, in cases in which the proof of pre-existing diphtheria was not always conclusive from other sources to discover disturbances of accommodation and a narrowing of the field of vision, which could only be referred to changes in the perceptive portion of the optic apparatus. Such a condition obtained in a girl, ten years of age, in whom asthenopic trouble had begun so that she was able to read with the left eye only Jaeger No. 11, and that with great difficulty. Ten days later she could read only No. 6, with both eyes, and soon afterward the energy of accommodation became still more feeble.

Further, the movements of a hand before her eyes fixed in straightforward vision upward, downward, and sidewise, were not perceived. All evidences of irritation were wanting, and the retina appeared to be normal. Soon after this the power of accommodation improved and with it the field of vision became enlarged, so that in three and one half weeks the condition was normal again. Twelve other cases which were examined with Foster's perimeter gave evidence of disturbance of accommodation of a diphtheritic character. Four of them showed concentric limitations of the field of vision, without susceptibility to dazzling illumination. In all cases the accommodation trouble was not exaggerated, there was no central scotoma, nor disturbance in the sense of color. The treatment which was recommended for the diphtheritic paresis of accommodation consisted in the use of a one-half-per-cent-solution of salicylate of physostigma by instillation once or twice a day. No curative influence can be expected from eserine. Among French writers preparations of belladonna are highly esteemed.—*Archives of Pediatrics.*

CHLORATE OF POTASSIUM.—Dr. J. von Mering has carried on, in Hoppe-Seyler's laboratory, an elaborate experimental investigation into the physiological, therapeutical, and toxicological actions of chlorate of potassium. He finds that the salt, under the influence of carbonic and probably of other acids, is decomposed in the system with the gradual liberation of chloric acid, which tends to reduce the alkalinity of the blood; and in this lies the key to the right understanding of the action of the chlorate. The author discriminates between acute and subacute poisoning by the chlorate. In acute cases, such, for instance, as result from the administration of one large dose of the salt, death results in the course of a few hours from decomposition of the blood, with symptoms of severe vomiting, profuse diarrhea, intense dyspnea, cyanosis, and profound cardiac depression. On section, there is found a chocolate-brown color of the blood, while the organs generally, especially the kidneys, are relatively little altered in appearance. The blood contains the stored-up products of its decomposition (methemoglobin, etc.) With a less acute form of poisoning death results, not simply from an accumulation of oxidation-products in the blood, but from an accumulation of these in the organs, especially the kidneys,

leading to occlusion of the tubules, scanty urine, and uremia. The following symptoms and appearances are observed: grayish-violet petechiæ, icterus, accumulation of hemoglobin in the blood, changes in the red corpuscles, dyspnea, and cardiac depression; gastro-intestinal disturbances, such as profuse diarrhea and severe vomiting, the vomited matter being generally greenish black, and enlargement of the liver and spleen. Functional alternations in the kidneys, such as anuria, occur, the scanty, turbid urine having a reddish-brown or black color, and exhibiting the spectra of methemoglobin and hematin, and being also highly albuminous. It also contains numerous detritus-masses of red blood-corpuscles, in the form of brown cylinders or brownish-yellow flakes. Uremic complications, such as delirium, coma, severe vomiting, tonic and clonic convulsions, and rigidity of the limbs, are observed. The subjective phenomena are headache, anorexia, tenderness of the stomach on pressure, pains in the hepatic and lumbar regions, intense oppression of the chest, and a feeling of extreme weakness. Post-mortem examination reveals the characteristic chocolate hue of the blood and the presence of methemoglobin in it; but sometimes these phenomena are absent, especially when the patient has long survived the administration of the poison, or when the necropsy has been delayed for several days. The spleen, liver, and kidneys are considerably enlarged, and filled with the accumulated brown products of destruction of the red blood-corpuscles. The greatest alteration is observed in the kidneys, in which both the straight and convoluted tubules are filled with brownish masses, partly cylindrical, partly irregular in shape. The osseous marrow is brown, and contains numerous decomposed blood-corpuscles. The gastric mucous membrane is swollen and ecchymosed.

While the majority of instances of poisoning by chlorate of potassium (cases in which icterus and scanty secretion of reddish-brown urine occur) terminate fatally, this has not been invariably the case. A chronic poisoning by the salt is incredible, and it has been observed that the prolonged ingestion of small doses has been followed by no injurious results; but the condition of the stomach, whether empty or full, and the degree of alkalinity of the blood greatly influence the result. The use of the chlorate in febrile affections, where there is subnormal alkalinity of the blood, is to be avoided;

and the author very emphatically condemns, as especially dangerous to life, the internal use of the salt in large doses in the treatment of diphtheria. The author gives the following as the maximum safe doses, when the use of the salt is not contra-indicted: for adults, thirty-grain doses, with a daily maximum of two drams; for children, aged ten to fourteen years, one dram daily; for children aged one to ten years, thirty to forty-five grains daily; and for infants, not more than fifteen grains daily, always given in divided doses.—*Boston Medical and Surgical Journal*.

A STUDY OF THE SUBJECT OF SPONTANEOUS RUPTURE OF THE MEMBRANES AT FULL TERM OF GESTATION PRECEDING THE BEGINNING OF LABOR.—Dr. G. W. H. Kemper, of Muncie, Indiana, in the April issue of the *American Journal of the Medical Sciences*, offers a careful study of fifty cases of spontaneous rupture of the membranes, occurring in his first seven-hundred obstetrical cases, and he finds that—

1. The spontaneous rupture of the membranes at full term of gestation, and preceding the beginning of labor-pains, is an event of common occurrence, averaging about once in every fourteen labors.

2. When the membranes are broken, as a rule, labor supervenes at once, or within the next four hours, but may be delayed several hours, days, or even weeks.

3. When such an accident occurs, the duration of the labor is not necessarily prolonged, nor rendered more painful.

4. The mortality of the mothers is not augmented, and the ratio of still-born children, if at all, is so slightly increased as to amount to a minimum.

5. The causes are not well defined. The repetition of the accident in certain women shows that with some a tendency is inherent. A possibility of atmospheric influences, especially a low temperature, as an exciting cause is admissible. Smellie considered obesity a cause. His observations have not confirmed this statement.

6. It is probable that the duration of labor is shorter in cases where the appearance of pains is delayed for some time after the membranes are ruptured.

7. The proper plan of treatment, as given by Smellie, McClintock, Bard, Denman, and Dewees, and corroborated by Dr. Kemper's experience, is rest, if necessary in a recumbent posture, and patience. All efforts to excite labor-pains are hurtful, meddlesome,

and mischievous. Wait for pains, and treat the case on general principles!

8. Finally, that the fear of delay and danger in this class of cases—the classical “dry labor”—promulgated by our early obstetrical fathers, and indorsed by successive authors generally, is based on a merest spark of truth, and is one of those medical traditions that experience shows to be overestimated and to a large degree apocryphal.

ANTIPYRINE IN TYPHOID FEVER.—Dr. J. E. Newcomb gives, in the *Weekly Medical Review*, an account of the use of antipyrine in eight cases of typhoid fever at the Roosevelt Hospital, N. Y. The conclusions he draws are as follows:

1. We have in antipyrine a remedy which will reduce temperature quickly and decidedly. After a dose of thirty grains the fall may amount to four degrees in as many hours; the effect lasts from four to twenty-four hours.

2. The pulse and respiration are practically unaffected, except in some cases the vascular tension is increased.

3. Sweating generally follows the administration of the remedy. It is sometimes profuse, but does not seem to weaken the patient or render him uncomfortable. The sweat itself has no peculiar physical properties.

4. An eruption is sometimes noticed. Its nature is erythematous. Rarely does desquamation follow.

5. Antipyrine does not in any way rival quinine as an antiperiodic or tonic.

6. It must be used carefully in depressed states. Untoward effects have resulted from its use.

7. It is easily administered and generally retained. It is about fifty per cent more expensive than quinine.

In regard to its future influence on mortality in disease we can do no better than to quote the words of Rank. He says: “We hope that the fanatic of antipyresis, who wages the onset against this one symptom, will finally be brought to the conclusion that therapy has a far weightier task than the production of infractions as deep as possible in the temperature curve. Whether the antipyrine treatment is in a position to lessen the dangers which threaten fever patients can scarcely be answered as long as we do not know how far the symptom (the subjection of which this method of treatment arrives at) is on the whole of deadly influence on the system.”

FARADISM IN THE TREATMENT OF ARRESTED AND DEFICIENT LACTATION.—Dr. Henry F. Campbell, in an article in the *Atlanta Medical and Surgical Journal* on this subject, concludes as follows:

First. That from a consideration of the varying locality of the mammary gland upon the trunk of the several genera of mammalia, the nervous supply being furnished indifferently by any portion of the central spinal system—the object and the efficiency of the secretion being the same in all of them as in man—and especially from the known fact that anomalies in women have transferred the gland to abnormal localities, as the groin, etc., it may be decided that the neurodynamic excitation in the mammæ of the human female is of the simplest nature, and no other than that under which the functions of the integument, as sensation and secretion, are accomplished.

Second. After the foregoing conclusions in regard to the simplicity of the neuro-dynamic influences concerned in the function of lactation, and in the light of the experience of the cases herein reported, we may reasonably expect the stimulus of a well selected and judiciously applied electric or galvanic current to prove, in many cases of arrested and deficient lactation, a hopeful and often an efficient therapeutic measure.

OPIUM IN THE TREATMENT OF INSANITY. The use of this drug in treating the insane has been alternately extolled and condemned. Many of the older insane-hospital superintendents have used it through thick and thin, passing through the chloral, bromide of potassium, hyosciamine, and other sedative waves comparatively untouched. The utility of small doses of opium or morphia in melancholia has been generally recognized, and this plan of treatment pursued when the drug was used in no other way.

Within the last year or two, however, the opium treatment in all forms of insanity has shown a new lease of life, and Dr. H. Engelhen, among others, speaks of it in the highest terms. Narcotics to overcome the condition of pain of all kinds are of the highest importance, and opium is the first and best of all of these.

There have been many failures in the hands of physicians who have seen little of mental diseases and do not carry out the opium treatment thoroughly.

Schüle, at Illenau, has had great success with injections of morphia, more particularly in cases of melancholia. The injection

plan of morphia has a certain amount of fashion and prestige about it, but is not so well adapted for cases in private practice. Neither is morphia so successful in overcoming mental and physical irregularities as opium with its numerous alkaloids, and Dr. Engelhen gives up the injections in hospital treatment. The advantage of opium consists largely in its easily recognized tonic and nutritive properties.

In some cases improvement immediately takes place, in others it is much protracted. Many cases have been recorded where improvement was marked from the first dose. Dr. Engelhen has seen no case where improvement has not taken place.

The dose should be great enough to produce a light but decided narcotic effect. A dose of this sort lessens the neuralgic pain, so often present, as well as the feeling of weariness.

In most of the cases of the cerebral neuroses, two to three tenths of a gram given daily in divided doses will be a sufficient quantity. In some cases of extreme violence or very intense melancholy larger doses for a short time may be necessary.

When the proper sized dose has been found the treatment must be persisted in until complete recovery is nearly reached, and then the dose can be diminished gradually, great care being exercised in so doing. First, the dose may be lessened by a quarter or a third, the patient being then carefully watched for a period of eight days. If no ill effect is observed, a slight further reduction may be made. If at any time a relapse is observed, the dose must be increased to the next highest dose. Small doses are of no effect. Large doses given twice daily are alone of any service.

With great excitement the opium will not produce sleep until it has produced an effect on the brain irritation. In such cases sedatives, such as chloral, given for a few nights in moderate doses, may be necessary.

An equally strong indorsement of the virtue of morphia is found in the recent observation of Auguste Voisin. He has persisted in the opium and morphia treatment of insanity since 1867. His success was first interfered with by the obstinate vomiting, but learning from Roller that notwithstanding the dose must be increased, he was ultimately successful. He has treated mania, melancholia, criminal insanity, and moral insanity with good results. He uses the hydrochlorate of morphia hypodermically.

In the initial dose, he does not exceed

one, two, or three milligrams. Light cases are sometimes relieved by a daily dose of five or six centigrams, but in other cases the dose has to be increased to seventy centigrams a day.

The influence of the medicine is shown by redness of the face and conjunctivæ, nausea, vomiting, general sensation of heat, lassitude, sleep, loss of weight, diminution of arterial tension. Later the color improves and there is a gain in weight.

The presence of a congested condition of the cerebro-spinal system presents an absolute contra-indication to the use of morphia, as well as epilepsy and general paralysis.—*Boston Medical and Surgical Journal.*

MEASUREMENT OF REFRACTION BY THE SHADOW-TEST OR RETINOSCOPY.—In an excellent article in the April number of the American Journal of the Medical Sciences, Dr. Edward Jackson, of Philadelphia, traces the history of the shadow-test from its introduction ten years ago by Cuignet, of Lille, to the present time. He fully describes the optical basis of the test, and considers its application in the various states of refraction. It may be looked upon as the union and evolution of two modes of examination almost as old as the ophthalmoscope itself, namely the twirling of the mirror to detect conical cornea, and the examination of the myopic eye by the indirect method without the intervention of an object lens.

Its advantages are that it is most widely applicable, has the certainty of an objective method, the accuracy of trials with test-lenses, and the rapidity of the optometer. It is applicable in the cases of young children, the amblyopic and malingersers, in which subjective tests can not be used; and in cases where restlessness, nystagmus, hazy media, or the loss of the other eye, render accurate examination in the erect image by a refraction ophthalmoscope difficult or impossible. In certainty, when the patient retains the power of accommodation, it seems inferior to the "direct method" as a means of discovering and measuring latent hypermetropia. But it is superior to the direct method in the detection and estimation of astigmatism.

In accuracy, the test very nearly equals the subjective test with trial lenses, for patients who have good vision, good intelligence, and honesty; for patients lacking in any of these requisites for subjective testing, it is markedly more accurate than any other method. In all cases where the state of re-

fraction is to be measured accurately, it effects a saving of time; in the stupid or sluggish this saving is very great.

PHYSIOLOGICAL AND THERAPEUTICAL ACTION OF WITCH-HAZEL.—Dr. Hector Guy, of Paris, France, after a thorough study of the physiological and therapeutical action of hamamelis (witch-hazel) makes the following deductions (Boston Medical and Surgical Journal):

1. Hamamelis Virginica is not toxic. Employed in very large doses it produces no symptoms of poisoning in the inferior animals. It does not appear to be toxic to man, despite the fact recorded by Dr. Camperdon, concerning which there would seem to have been some mistake.

2. It does not appear to have any special physiological action on the vascular system, heart, veins, and arteries.

3. We have not noted any alkaloid in the bark or leaves; the active principle is probably the essential oil.

4. Therapeutically hamamelis has an uncertain action. It has, nevertheless, given good results in certain cases of hemorrhoids. As a hemostatic its action has seemed demonstrated in some circumstances. The results obtained in varices are not conclusive.

5. Hamamelis Virginica does not seem to merit the enthusiasm bestowed on it by certain American physicians. It has no clearly defined special action. At the same time, in certain cases, its employment may be attended with success:

THE TREATMENT OF COMPOUND FRACTURES BY WIRING AND DRAINAGE.—Dr. W. P. Verity, of Illinois, read a paper before the American Medical Association at New Orleans on the treatment of compound fractures by the above method. He claims the following advantages for this method of treatment:

1. All points of bone and injured tissue fragments likely to act as irritants are removed.

2. It is obvious that, as a rule, there can be no shortening.

3. No extension is needed, and thus the necessity of complicated apparatus, which too often interferes with proper antiseptic dressings, is done away with.

4. Proper retention of the fragments in place is presumably secured, thus avoiding any possible danger of the fragments overriding and irritating the soft tissues.

5. The bones unite more quickly for

reasons which will be obvious when the principles which underlie all procedures to secure union of ununited fractures are recollected.

6. Drainage, besides its other advantages, prevents extension of the inflammation.

A CONTRIBUTION TO THE PATHOLOGY OF MALARIAL FEVER.—Drs. W. T. Councilman and A. C. Abbott, of Baltimore, report, in the April number of the American Journal of the Medical Sciences, two cases of malarial coma, with post-mortem examination, of special interest, in connection with which was the presence of small hyaline masses in the brain and elsewhere. The authors fully consider the arguments pertaining to the supposition that these hyaline bodies are living organisms without being able to arrive at any definite conclusion.

With a view of shedding some light on the subject of lower organisms in malaria, they made a careful search for the bacilli of Klebs and Tommasi-Crudeli, and for any other lower organisms in all of the cases of malarial fever which came under their observation on the post-mortem table. In no case were any bacilli, bacteria, or micrococci found. Only in these two comatose cases, which they have fully described, were the singular hyaline bodies found.

This is an argument against the probability of these hyaline bodies being micro-organisms. They can not suppose the comatose form of malarial poisoning to be a special disease, and were a lower organism found in this, it should also be found in other cases.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department of the United States Army, from May 17, 1885, to May 23, 1885:

Captain A. A. DeLoffre, Assistant Surgeon, relieved from duty at Ft. Sisseton, D. T., and ordered to Ft. Totten, D. T. (S. O. 52, Dep't Dak., May 14, 1885.) *Captain Louis Brechemin*, Assistant Surgeon, ordered for temporary duty at Ft. Omaha, Neb. (S. O. 44, Dep't Platte, May 18, 1885.) *First Lieutenant Benj. Munday*, Assistant Surgeon, relieved from duty at Ft. Klamath, Oregon, and ordered to Ft. Walla Walla, W. T. (S. O. 72, Dep't Col., May 12, 1885.)

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service for the week ended May 23, 1885:

Mead, F. W., Passed Ass't Surgeon. Detailed as member of Board for physical examination of candidates for appointment as cadets in the Revenue Marine Service. May 18, 1885.

THE DIOPTRIC SYSTEM AND ITS RELATION TO THE OLD SYSTEM OF NUMBERING LENSES.

OLD SYSTEM.						NEW SYSTEM.					
Number of Glass.	Focal Distance in Inches, English or Paris, with Index of Refraction, 1.53. .	PARIS INCHES.		ENGLISH INCHES.		Number of Glass.	Focal Distance in Millimeters	PARIS INCHES.		ENGLISH INCHES.	
		Focal Distance in Millimeters.	Equivalents in Dioptries.	Focal Distance in Millimeters.	Equivalents in Dioptries.			Focal Distance in Paris Inches	Corresponding No. in Old System with an Index of Refraction 1.53.	Focal Distance in English Inches.	Corresponding No. in Old System with an Index of Refraction 1.53.
72	67.9	1,835	0.54	1,719	0.58	0.25	4,000	148.00	156.0	158.0	167.48
60	56.6	1,530	0.65	1,433	0.70	0.5	2,000	74.00	78.0	79.0	83.74
48	45.3	1,224	0.82	1,146	0.87	0.75	1,333	49.00	52.0	52.7	55.86
42	39.6	1,070	0.93	1,003	1.00	1.00	1,000	37.00	39.2	39.5	41.87
36	34.0	919	1.09	861	1.16	1.25	800	29.6	31.2	31.6	33.49
30	28.3	756	1.31	716	1.4	1.5	666	24.6	26.1	26.3	27.87
24	22.6	611	1.64	572	1.7	1.75	571	21.	22.3	22.6	23.96
20	18.8	508	1.97	476	2.1	2.	500	18.5	19.5	19.7	20.88
18	17.0	460	2.17	430	2.32	2.25	444	16.4	17.4	17.5	18.55
16	15.0	405	2.47	380	2.63	2.5	400	14.8	15.6	15.8	16.74
15	14.1	381	2.62	357	2.8	3.	333	12.3	13.0	13.16	13.94
14	13.2	357	2.80	334	2.99	3.5	288	10.5	11.1	11.3	11.89
13	12.3	332	3.01	309	3.2	4.	250	9.25	9.8	9.9	10.49
12	11.3	305	3.28	286	3.5	4.5	222	8.22	8.7	8.8	9.32
11	10.3	278	3.60	261	3.83	5.	200	7.4	7.8	7.9	8.37
10	9.4	254	3.94	238	4.2	5.5	182	6.72	7.1	7.18	7.61
9	8.5	230	4.35	215	4.65	6.	166	6.16	6.5	6.6	7.00
8	7.5	203	4.93	190	5.27	7.	144	5.29	5.6	5.64	5.98
7	6.6	178	5.62	167	6.00	8.	125	4.6	4.88	4.9	5.19
6½	6.13	166	6.03	155	6.44	9.	111	4.11	4.35	4.4	4.66
6	5.6	151	6.62	142	7.00	10.	100	3.7	3.92	3.9	4.13
5½	5.2	141	7.09	132	7.62	11.	91	3.36	3.56	3.6	3.81
5	4.7	127	7.87	119	8.40	12.	83	3.08	3.26	3.3	3.5
4½	4.2	114	8.77	106	9.40	13.	77	2.84	3.01	3.	3.18
4	3.8	103	9.71	96	10.4	14.	71	2.64	2.8	2.8	2.97
3½	3.3	89	11.2	84	12.00	15.	67	2.47	2.62	2.6	2.76
3¼	3.1	84	11.9	78	12.7	16.	62	2.3	2.44	2.5	2.65
3	2.8	76	13.3	71	14.1	17.	59	2.18	2.34	2.3	2.43
2¾	2.6	70	14.3	66	15.2	18.	55	2.06	2.18	2.2	2.33
2½	2.36	64	15.6	59	16.7	20.	50	1.85	1.96	1.9	2.01
2¼	2.1	57	17.5	53	18.8						
2	1.88	51	19.6	47	20.9						

THE

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"NEC TENUI PENNÂ."

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Original.

THE DIOPTRIC SYSTEM,

AND ITS RELATION TO THE OLD SYSTEM OF NUMBERING LENSES.

BY R. MAUPIN FERGUSON, M. D.

*Surgeon to the Eye, Ear, and Throat Department of
Louisville City Hospital.*

The superiority of the metric system over the various other systems of measurements, weights, etc., has long been conceded, and doubtless were it not for the temporary inconvenience resulting from the substitution of an unknown for a known system it would have been generally adopted long ago. It is needless to dwell on the system at large or point out the advantages, as these are so generally known to all members of the profession. It is my desire, however, to call attention to the beauties of the system in its relation to optics.

All oculists are at least theoretically acquainted with the "dioptric system," for this is the name which has been given the system of expressing the refracting power of a lens in meters.

Its advantages are so great that its adoption is very general, and I think I am safe in saying that it will not be long before the old cumbersome method will be entirely discarded. Already the majority of the foremost oculists, both of this country and of Europe, have given the seal of approbation to the new system by its adoption. All modern ophthalmoscopes are now numbered either in dioptrics alone or according to both systems.

To detail the principles and advantages of the new system may appear unnecessary after their frequent description by others, but inasmuch as there is a strong tendency to adhere to the old system in this neighborhood I hope that my words may not be entirely without effect.

VOL. XIX.—No. 23.

According to the old system a glass with radius of curvature of one inch is taken as the unit with which all other glasses are compared. A glass with radius of curvature of two inches would be No. $\frac{1}{2}$, as it is only about one half as strong; curvature of six inches glass numbered $\frac{1}{6}$, etc.

As the inch of England and America is not of the same length as the inch of France, Austria, Germany, etc., there is a lack of uniformity in strength of glasses made in different countries. For this reason a glass numbered, for instance, No. $\frac{1}{6}$ would have a different strength according to the country in which it was made.

Another fault, and one far more serious in its nature, is that the number of the old system instead of telling us the refractive power of the lens only informs us of the radius of curvature of the surface. A knowledge of the radius of curvature is of no practical importance, as it is the effect which the lens can produce in converging or diverging rays of light, its refractive power, which it is important to know. The radius of curvature and the refractive power of a lens are frequently nearly the same; but by substituting the first for the latter we always lose in accuracy, and if the refractive body, as for instance the lens of the human eye, differs in refractive power from that of glass, the error may be one of such magnitude that the substitution of one value for the other may be impossible.

The reason for this lies in the fact that the refractive power of a lens depends on two factors, one of which is the radius of curvature and the other the refracting power of the substance out of which the lens is made.

Thus it is quite evident that lenses numbered according to the radius of curvature alone must vary in strength; thus lenses made of plate glass, flint glass, pebble, ice or other transparent media would all vary in strength, even though the radius of curvature should be identical.

It is evident that the old system stands in need of the help of prayers, for it stands in the same box with the sinner who confesses that he has done those things which he ought not to have done, and left undone those things he ought to have done—two sins even more heinous in the eyes of science than in those of religion.

It is customary to attribute to glass of which lenses are made an index of refraction of 1.50. If this value be inserted in the formula $F = \frac{r}{2(n-1)}$ expressing the relation of the radius of curvature, index of refraction, and focal distance to one another, we obtain $F = \frac{r}{2(1.50-1)} = \frac{r}{1} = r$.

That is, if the index of refraction is 1.50, then the focal distance equals the radius of curvature. It is due to this fact that the numbers on the lenses of the old system have come to be considered as representing the focal length or power of a lens. But as the index of refraction of glass is rarely 1.50, the numbers rarely give us the focal distance. In fact, the index of refraction of glass varies within wide limits, being dependent on the substances of which it is made and on their relative proportions.

Thus, Wallaston gives the index of refraction of English and French plate glass at 1.50, Dutch plate glass, 1.517, crown glass, 1.525. Sir David Brewster, Sir John Herschel, and Wallaston obtained as the index of refraction of different samples of flint glass, 1.576, 1.578, 1.583, while other glasses have a refracting power much higher still.

The index of refraction of other transparent media may differ widely from these figures.

With such differences of refractive power it is evident that a system based on the surface curvature alone must be unsatisfactory in the extreme.

According to the new or metric system the numbers express the refracting power of the lens, the unit being a lens the focal distance of which is one meter, and is called one dioptry.

According to this system every lens, be its radius of curvature what it may and let the material of which it is made be what it may, *the focal distance of which is one meter, is a lens of one dioptry.* A glass with focal distance of $\frac{1}{2}$ M. is of course twice as strong, and hence is called two dioptries, expressed 2 D.; one of $\frac{1}{20}$ M. focal distance (five centimeters) is 20 D.; one of four meters focal length is $\frac{1}{4}$ as strong as the unit, and is $\frac{1}{4}$ dioptry, expressed by .25 D.

One great advantage of the metric system is that all the numbers are whole numbers or decimals, and thus the manifold computations which become necessary in dioptrics or in fitting glasses are reduced to a most delightful simplicity.

According to the old system the glasses used in practice were all weaker than the unit, and hence were expressed in fractions, making all calculations very much more complicated.

An example will illustrate the evil of the old and the beauty of the new system better than many words:

Let it be necessary, for instance, in the old system to add together two lenses, say a No. $\frac{1}{42}$ and a No. $1-6\frac{1}{2}$. Omitting much of the labor, which is mentally performed, we still have something like the following transformations: $\frac{1}{42} + \frac{1}{6} = \frac{1}{42} + \frac{7}{42} = \frac{8}{42} = \frac{4}{21}$

In the new or dioptric system the same thing is done by simply saying .75 D. + 6. D. = 6.75 D. If the necessity of performing such calculations occurred very seldom we might still persist in the use of the old system, but when it becomes a matter of daily annoyance—for such it is to every oculist—it evidently becomes a matter of prime importance to substitute whole and decimal numbers for simple and compound fractions. Another fault of the old system is the irregularity of the interval between the lenses in the test cases. This interval varies from .11 D., to 2.20 D., and has no unit whatever as a basis.

According to the dioptric system the glasses follow one another in regular succession according to their power—the basis being a glass of one dioptry, quarters and halves being introduced among the weaker glasses.

Inasmuch as at present we are in a transition stage from the old to the new system, it is necessary to understand both systems and the relation existing between the two systems so as readily to change values expressed in the one system into those of the other.

For all practical purposes the transposition is very simple.

It is merely necessary to bear in mind that a glass of one dioptry has a focal distance of 1 M. = 40 inches (39.37079"). If 1 D. = 40", then 2 D., being twice as strong, must equal $\frac{40}{2} = 20"$; 10 D. = $\frac{40}{10} = 4"$, .25 D. ($\frac{1}{4}$ D.), being only $\frac{1}{4}$ as strong, must equal $(4 \times 40) = 160"$, etc.

Again, a No. $\frac{1}{8}$ with focal distance of 8"

being five times as strong as one of 40", focal distance=1 D., must be 5 D. To generalize this, let D =number of dioptries, and N focal distance in inches (old system) and the formulæ $D=\frac{40}{N}$ and $N=\frac{40}{D}$ will suffice for effecting the exchange.

For instance, what is the equivalent in dioptries of a No. $\frac{1}{8}$?

Substituting 8 for N in the above formula we have $D=\frac{40}{8}=5D$.

Again, given No. 10 of the dioptric system, to what number according to the old system is it equivalent? Substituting 10 in second formula gives $N=\frac{40}{10}=4$ or No. $\frac{1}{4}$.

The accompanying table shows the relations between the old and new systems. It is taken from Landolt's Examination of the Eyes, some few unimportant corrections having been made in the figures.

LOUISVILLE, KY.

A MONSTER.*

BY JAMES C. PEARSON, M. D.

In last January I was called to wait on a lady in her first confinement. When I came to make an examination by vagina, I was unable to distinguish the part presenting. After a practice of almost forty years I felt pretty well qualified to recognize by the sense of touch the features of any presenting part of a fetus, but I was perplexed for a time in this case.

I first thought that the head was covered by the decidua, but as this theory was not satisfactory I abandoned it, and tried passing my index and middle fingers along the side of the part presenting to satisfy myself, if possible, as to its identity—if it was the head, to reach one of its ears, or the base of the occiput, etc.

After much perseverance I reached what I believed to be the ear and base of the occiput, yet the peculiar feel of these supposed features mystified any knowledge they might give of the presentation. Being thus in doubt, I resolved to bide my time and see what a few pains might develop in the case. As the pains progressed my anxiety became intense, but after no great time what really proved to be the head was protruded through the vulva. The body soon followed, and when I came to look on the child I was surprised to see two red flashing eyes gazing at me from under two fan-like lobes, which towered disproportion-

ately over the eyes. This gave the child a hideous appearance, and I must confess that I was at loss for a name when I was asked what it was. The calvarium was wanting, and the space described by the lower cranial bones was filled by the two lobes, which seemed to consist of the encephalic meninges filled with water. The eyes projected, the right was larger than the left, and the conjunctivæ of both were a bright scarlet. A resemblance of the head to that of the horse was pointed out by some imaginative persons who were allowed to see the child. The face below the eyes was natural, and the child's body was well formed. It did not cry, or make any sounds save those of respiration. The monster lived about seventy-two hours.

The mother says that soon after she became pregnant she read in a newspaper an account of a man's having his brains split out with an ax in the hands of a murderer. This made a deep impression upon her mind, haunting her like an evil phantom for many weeks. While still in this morbid state of mind she took a ride in a carriage, during which the horses suddenly took fright and, becoming almost unmanageable, put her in great terror, which, however, was not sufficient to cause her to stop thinking, even for a moment, of the horrible murder of which she had read. She attributes the deformity of her child to impressions made upon her mind by reading and thinking of the murder, but doubtless those who saw in the anencephalic head such a striking resemblance to that of the horse would find good warrant for a *post hoc propter hoc* theory of causation in the terrifying circumstances of the ride.

MITCHELL, IND.

OPIUM POISONING.

BY JOHN L. BROWN, M. D.

The following is a report of a case of opium poisoning which occurred in Mount Sterling, Ky., on Monday, May 18th:

J. G., male (colored), age eighteen, who resides in this city, and who has been for some time a constant sufferer from neuralgia, which rendered his life miserable, took with fatal intent on the 18th inst. about twelve grains of the sulphate of morphine, and repaired to his room. On entering where he lay, about one hour after the dose was supposed to have been taken, his

*Read before the Lawrence County, Indiana, Medical Society at its last meeting.

mother found him in a deep sleep; she made an effort to arouse him, and finding that she could not, she sent for me. I answered her call immediately, and found the patient unconscious, completely relaxed, and deeply cyanosed. Deglutition was impossible; pulse 39, respirations 3 per minute, pupils contracted to the size of a pin-head. He was given some passive exercise and was most thoroughly rubbed. Under this the patient aroused sufficiently to take sulphate of zinc, twenty grains, his respirations having increased to 5 per minute. One half hour later, the pulse was 38 and respirations 3 per minute. There were no convulsions. I then gave him one third of a grain of the sulphate of atropia hypodermically in twenty drops of water. Vomiting had not occurred. Under flagellations he aroused sufficiently to swallow thirty grains of pulv. ipecac., which was given in water, followed by large quantities of warm water. The exercise was continued, and in fifteen minutes after the administration of the atropine his respirations became more frequent and of a spasmodic character: pulse 45. The flagellations were continued. About one hour later the surface of his body became very cold, while the nose, ears, and hands again became pinched and cyanotic. Noting this I immediately gave him one sixth of a grain of atropia hypodermically. In a short while his pulse became rapid, and the heart active, but very irregular. About one hour after receiving the last dose of atropia the heart's action, though more frequent, was growing regular. The pupils were unchanged. He had not vomited at this time. Walking and manipulation were continued. Half an hour later he began to show signs of consciousness. The pupils began to dilate, the pulse was 50, and the respirations 10 per minute. One hour and a half later consciousness was completely restored, he had begun to be restless, and complained of pain in his stomach, which was of course very much distended, emesis not having yet taken place. I then administered hypodermically one twelfth grain of apomorphia—three minutes after which emesis occurred. One hour later the patient expressed himself as "feeling very well," and took a walk. Next morning I saw him at his place of business, completely recovered from the effects of the opium. His neuralgia has not returned.

MOUNT STERLING, KY.

THE State medical societies of Ohio and Wisconsin met during the past week.

Miscellany.

CINCINNATI AND THE CODE.—The Cincinnati correspondent of the New York Medical Journal thinks that there will soon be a revolution in the medical politics of that city. He says the "code question," which has torn up New York, is the irrepressible issue of the near future in Cincinnati. It is asserted by members of the Cincinnati Medical Society that members of the Academy consult with irregulars, and the Academy people return the charge. If all the witnesses in the case are credible, the conclusion is irresistible that some individuals, at least, in both camps do not decline a fee when it is to be obtained by transcending the provisions of the code. It is a fact that in Cincinnati a large proportion of physicians do extend more or less of recognition to irregulars. They do it, if not clandestinely, yet not openly. The practice is much more than winked at. If the physicians who meet irregulars in consultations were to frankly compare notes under this head, they would be surprised to find what a formidable party they comprised. There is but little doubt that the comparison of notes will be made some day, that the revelation of strength will be made, and that the assertion of the position will then ensue. When that time comes there will be a repetition here of the war that has so recently been waged in New York. The old lines will be readjusted, and the medical politics of that eventful hour will bring strange bedfellows.

HYPNOTIC CHICAGO.—The profession in Chicago have had a curious experience. A well-known member of the Chicago Medical Society read before it a lecture on mesmerism, or "hypnotism," as the modern fashionable word is, and illustrated it with a living example. The members were profoundly impressed, and an interesting and learned discussion followed. But some one of them of an investigating turn of mind pursued the subject further, and discovered that the "able paper" was largely cribbed from an encyclopedia, and that the subject was what they call in that enlightened metropolis a "horse," in other words, one who hires himself out to professional mesmerists for exhibitions. These "horses" must have a hard time. They submit to having pins thrust in their flesh, red pepper put in their eyes without wincing, and pretend that

they believe themselves to be George Washington or Daniel Webster at the wink of the mesmerist. It appears to be quite an avocation in Chicago, a city which is nothing if not progressive.

The result of it is that there is not a man left in Chicago who has faith in any variety of ism whatever; and no energetic young doctor out there cares aught for psychological research, but devotes his undivided attention to patients on the avenues, with an occasional dip into fall wheat and mess pork. To use one of their own expressions, it will be a cold day when the next mesmerist catches the Chicago profession napping.—*Medical and Surgical Reporter*.

JAPANESE DENTISTRY.—The Maryland Medical Journal says that in Japan the extraction of teeth has reached a degree of perfection absolutely unknown in France, and we might say in Europe or America, where they have good schools of dentistry. The Japanese dentists do not overwhelm their victims by a display of the instruments of torture with which our artists draw their clients' bad teeth, not to mention the sound ones. It is with the thumb and index fingers that the Japanese artist delicately withdraws you a molar or two. Naturally, great practice is required before arriving to such a degree of skillfulness. To obtain this the pupil serves an apprenticeship to a master. For a long time he has to exercise himself in extracting bits of wood inserted in planks, loosely at first, but afterward solidly fixed by hammer-strokes in oak wood. When the pupil can, at a single trial and without apparent effort, draw out one of these wooden teeth, any human jaw can be confided to his care, and no tooth, though fixed in a steel alveolus, can resist him. A skillful Japanese operator can in half a minute, and without moving his fingers from the victim's mouth, remove easily his half dozen teeth.

THE MODERN GYNECOLOGIST.—Gynecologist and Patient, who had married a widower with several children, one of whom was in the waiting-room. *Gynecologist*, looking through the speculum: "How many children have you?" *Patient*: "We have four in the family, doctor." "Ah! four children. That explains the condition of your cervix, madam. It was badly lacerated at your last confinement, and can only be relieved by trachelorrhaphy." "But, doctor, ain't you mistaken? I—" "Mis-

taken, madam! Impossible. I tell you, you have laceration of the cervix, dating from your last confinement." "But, doctor—" "Now, madam, I know what is the matter with you, and it's no use for you to volunteer any further information. You must submit to an operation." "But doctor, I *will* speak. I never had a child. The children we have are my husband's by a former marriage." *Tableau.*—*Medical Age*.

A NEW ANTIPYRETIC.—Dr. Francis Kinnecutt (*Medical Record*), during the past three months, has been carrying on a careful study of the effects of hydrochinon. The chemical name of this drug is dihydroxyl benzole, and it was found by Brieger (*Berliner Med. Wochenscher*, No. 29, 1884) to be a marked antipyretic. Dr. K. has been giving it in doses of fifteen to twenty grains. The conclusions drawn from his experience are the following:

1. That in hydrochinon we possess a new and most efficient antipyretic.
2. That its use is apparently unattended with any injurious effects.
3. That the antipyretic effects of a single dose is comparatively temporary, resembling in this respect that of kairin, thallin, and antipyrin; that the maintenance of moderate temperatures in hyperpyretic conditions can be safely obtained, however, by repeated doses.
4. That while apparently without effect in arresting a specific disease process, its employment is conservative and productive of a marked amelioration of many of the symptoms incident to high temperature.
5. That with our as yet limited experience with the drug it should be given prudently, and its effects carefully observed.

The following officers were chosen at the meeting of the Illinois State Medical Society, which met in Springfield, May 19th, 20th, and 21st: President, Dr. W. A. Byrd, of Quincy; First Vice-President, Dr. W. T. Kirk, of Atlanta; Second Vice-President, Dr. A. Wetmore, of Waterloo; Permanent Secretary, Dr. S. J. Jones, of Chicago; Assistant Secretary, Dr. Heman Luce, of Bloomington; Treasurer, Dr. Walter Hay, of Chicago.

CHOLERA AT MARSEILLES.—The daily press states that cholera has appeared at Marseilles. The local authorities declare that the town is in a bad sanitary condition, and will probably not escape the disease.

LOUISVILLE MEDICO-CHIRURGICAL SOCIETY.—At the last meeting of this Society, May 27th, the officers for the ensuing year were elected. President, Dr. Ap Morgan Vance; Vice-President, Dr. H. A. Cottell; Secretary and Treasurer, Dr. R. Maupin Ferguson. Dr. J. W. Holland, the retiring president, vacated his place of honor with some brief but well timed remarks, and the annual report of the Secretary showed that the Society meetings had been well attended and marked by an unusually large number of case reports and essays.

ENTERITIS CAUSED BY CORROSIVE SUBIMATE.—Dr. G. L. Peabody read a paper recently before the Practitioners' Society of New York, on toxic enteritis caused by corrosive sublimate as a surgical dressing. Attention was first directed to this by reports of cases found in German medical journals. In the records of the New York Hospital eleven cases were recorded in which an obstinate diarrhea followed the use of sublimate as a surgical dressing. Seven of these proved fatal. Autopsies in three of them showed extensive diphtheritic inflammation of the large intestine.

REPORT OF A CASE OF PARTIAL PYLORECTOMY.—Dr. J. M. Spear, of Cumberland, Md., reports, in the American Journal of the Medical Sciences for April, 1885, a case of partial pylorotomy in a blacksmith, aged forty, who suffered from cicatricial stenosis of the pylorus. The operation was a modification of Billroth's, and required one hour and a half for its performance. The tumor was not adherent. Death ensued in two and a half hours, from collapse. In the opinion of Dr. Spear the case was an eminently proper one for operation, but it should have been performed at an earlier period in its history.

Bartholow recommends the following in common colds (Col. and Clin. Record):

R Codeinæ, gr. j;
 Syr. scillæ comp., }
 Syr. tolu, } āā ʒss.
 M. Sig: A teaspoonful, *pro re nata*.

TREATMENT OF ACUTE NEPHRITIS.—Auffrecht (*Berlin. Klin. Wochenschr.*) strongly advises abstinence from the use of all stimulating diaphoretics, or diuretics which irritate the tissues, in treating acute parenchymatous nephritis. He lays much stress on the advisability of keeping the patient

in bed until the albumen disappears from the urine, and of giving as little nitrogenous food as possible, so that the kidneys may have little to excrete. At the same time he gives large quantities of liquids. For the first ten days or so he gives water, effervescing water, gruel, bread and butter, and farinaceous food. He begins to give milk or beef tea only at the end of the second week. *Practitioner.*

It is claimed that by the addition of a two-per-cent solution of the muriate of morphia to a four-per-cent solution of muriate of cocaine the anesthetic properties of the latter are made more active and permanent.

DR. WILLIAM CLENDENNIN, Dean of the Miami Medical College, died in Cincinnati a short time since. He was for some years Health Officer of that city, and a popular medical teacher.

At the recent meeting of the German Surgical Society, Prof. von Langenbeck was re-elected President, and Prof. Volkmann, of Halle, Vice-President.

DR. OLIVER WENDELL HOLMES says that a doctor's patients must put their tongues out, and a doctor's wife must keep her tongue in.

DR. H. E. SMITH, has been appointed the successor of Prof. Silliman to the chair of chemistry in the Medical Department of Yale College.

At the last meeting of the New York Neurological Society, Dr. W. R. Birdsall was chosen President.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department of the United States Army, from May 24, 1885, to May 29, 1885:

Major Albert Hartsuff, Surgeon, ordered from Dept. Missouri to Dept. East. *Major H. E. Brown*, Surgeon, ordered from Dept. East to Dept. Missouri. (S. O. 121, A. G. O., May 27, 1885.) *Captain Calvin DeWitt*, Assistant Surgeon, ordered for duty at Newport Barracks, Ky. (S. O. 107, Dept. East, May 22, 1885.) *Captain Wm. A. Hall*, Assistant Surgeon (David's Island, New York Harbor), ordered for temporary duty at Willett's Point, N. Y., during absence of post surgeon. (S. O. 121, A. G. O., May 27, 1885.) *Captain Wm. G. Spencer*, Assistant Surgeon, ordered for duty at Fort Sisseton, D. T. (S. O. 55, Dept. Dakota, May 20th, 1885.)

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IS COCAINE A MYDRIATIC?

The Lancet of May 16th states that in view of the high price of cocaine, certain French manufactures have attempted to secure more of the alkaloid than is yielded through the first infusion of the coca leaves, by submitting them to a second process of exhaustion.

The result is similar to that which follows an attempt to make an infusion or decoction of tea or coffee from leaves or grounds which have already done service for the drinker. Certain substances of interest and physiological efficacy are extracted; but the magic alkaloid which always obeys the first call of the chemist is found to have left no trace behind.

The substances obtained are said to be derivatives of hygrine, the volatile alkaloid of coca first observed by Maclagan. Later, Lossen obtained it as a thick, pale-yellow oil, having a burning taste, a strong alkaloid reaction, and an odor resembling that of trimethylamine.

Most of the derivatives of this alkaloid are decided mydriatics, though probably less powerful than atropia, since it has been observed that while eserine overcomes the

physiological effect of the former with great promptness, it is an inefficient antagonist of the latter.

In view of the very unequal, at best, and often contradictory results obtained by different observers who have reported upon the alleged power of cocaine to dilate the pupils, these facts are significant, since it is not improbable that the variation in the reported results has been due to varying amounts of hygrine derivatives in the specimens of cocaine employed.

The chemistry of cocaine is, of course, at this early date far from perfection, and it is doubtful if a specimen of the alkaloid in an absolutely pure state has been as yet obtained. When such is found, it will probably prove to be destitute of mydriatic power. These facts suggest naturally a very simple physiological test for the detection or exclusion of the hygrine derivatives in any given specimen of cocaine, and one which the ophthalmologist will doubtless turn to good account, since dilation of the pupil, while a necessary prerequisite to many operations upon the eye, is in some an annoying hindrance, if not a forestalling circumstance.

KINETIA.—Dr. J. A. Irwin, in his able paper entitled "The Influence of Sea Voyaging upon the Genito-urinary Functions," thus summarizes his theory of seasickness:

The ordinary form of seasickness, that is, the form caused by the easy gyrations of a large ocean steamer, is essentially a *disturbance of equilibration*. The initial lesion takes place within the semicircular canals of the internal ear, where the endolymph and otoliths, following the irregular movement of the vessel, convey to the sensorium erroneous impressions of the position of the head in space; this soon results in dizziness, which is followed in due course by nausea and vomiting; and even when later, as is usual in tedious cases, other parts of the organization become involved, an hyperemia of the parts concerned in equilibration remains a main factor in the general process of nervous and functional derangement. In fact, for practical purposes, seasickness may be regarded as a mild, transitory semi-physiological prototype of the non-cochlear form of Ménière's disease.

Bibliography.

A Hand-Book of Pathological Anatomy and Histology, with an introductory section on Post-mortem Examinations and The Methods of Preserving and Examining Diseased Tissues. By FRANCIS DELAFIELD, M. D., Professor of Pathology and Practical Medicine, College of Physicians, New York, and T. MITCHELL PRUDDEN, M. D., Director of the Physiological and Pathological Laboratory of the Alumni Association of the College of Physicians and Surgeons, New York; Lecturer on Normal Histology in Yale College. New York: William Wood & Co. 1885. 8vo, pp. 575. For sale by John P. Morton & Co

This book, which is an outgrowth of a smaller treatise by Prof. Delafield, and which now, amplified, extended, and remodeled, represents the joint labors of two eminent American pathologists, is a most important contribution to medical literature. The work is so constructed as to serve as a practical guide to pathological inquiry in the dead-house, and the subsequent macroscopic and microscopic study of the specimens in the laboratory. It is, therefore, well fitted to meet alike the needs of the practitioner and medical microscopist. The volume is made up of five parts. Part First is devoted to The Method of Making Post-mortem Examinations and of Preserving Diseased Tissues; Part Second, to Morbid Changes in the Circulation of the Blood—Changes in the Composition of the Blood—Degenerations—Animal Parasites and Bacteria—Inflammations—Tumors; Part Third, to Morbid Anatomy of the Organs; Part Fourth, to Lesions found in the General Diseases; Part Fifth, to Lesions found in Poisoning, and after Violent Death.

It will be seen that the scope of the work is much larger than that of contemporary books on pathology, and this we believe is a feature which will make it very popular with the practical physician, since he will find here, condensed and classified, a fund of information relative to pathological derangement or lesion never before gathered into one separate treatise.

For one who has made some research in this department of science, the book will prove of peculiar interest. Some old and favorite theories have been abandoned, while some that are new, and probably no better, have been accepted; but every where it is observable that the authors waste but little space in the discussion of moot points, while facts are laid before the reader with appropriate minuteness of detail.

The one hundred and forty-six figures which adorn the work are made from the authors' own drawings from nature. They are portraits not pictures, and in clearness of delineation and beauty of finish can not be excelled in the present state of the printing art.

A System of Practical Medicine by American Authors. Edited by WILLIAM PEPPER, M. D., LL. D., Provost and Professor of the Theory and Practice of Medicine and of Clinical Medicine in the University of Pennsylvania, assisted by LOUIS STARR, M. D., Clinical Professor of Diseases of Children in the Hospital of the University of Pennsylvania. Vol. I, Pathology and General Diseases; Vol. II, General Diseases and Diseases of the Digestive System. Philadelphia: Lea Brothers & Co. 1885.

An advance notice in our issue of November 29, 1884, gave our readers some idea of the plan and scope of this auspicious work. The first volume was issued as per promise, in February, and the second saw the light in May. At this rate subscribers will have to wait but a year for the fifth volume, which completes the work.

In anticipation of the pleasure of being soon able to lay before our readers an elaborate review of these volumes, by one of our most eminent professors and practitioners in medicine, we shall give them but a passing notice here.

Each volume is an imperial octavo, the first having 1094 pages, and the second 1312.

Volume one discusses General Pathology and Sanitary Science and General Diseases.

Under the first head appear General Morbid Processes; General Etiology, Medical Diagnosis and Prognosis; Hygiene—Drainage and Sewerage in their Hygienic Relations.

Under the second may be found a monograph upon each of all the fevers—continued, malarial, eruptive, specific, epidemic, sporadic—pertussis, diphtheria, cholera, and the plague, leprosy, influenza, rabies, glanders, anthrax, pyemia and septicemia, and beriberi.

The contributors to this volume are the late Samuel M. Bemiss (whose masterly article on malarial fevers, here published, is doubtless his last contribution to medical literature), John S. Billings, Reginald H. Fitz, Frank P. Foster, W. A. Hardaway, Henry Heartshorne, James H. Hutchinson, James Nevins Hyde, Abraham Jacobi, John M. Keating, James Law, William T. Lusk, William Pepper, H. D. Schmidt, J. Lewis

Smith, Alfred Stillé, George E. Waring, B. A. Watson, James C. White, James C. Wilson.

In the second volume we have General Diseases continued, the subjects being Rheumatism, Gout, Rachitis, Scurvy, Purpura, Diabetes Mellitus, Scrofula, and Hereditary Syphilis. These topics consume but 254 pages, while the greater part of the volume is devoted to Diseases of the Digestive System. Here the reader will find that no pathological manifestation or lesion, which can in any manner roughen or obstruct or mar the symmetry and beauty of the *prima viæ* and its accompanying viscera, from the fungiform papillæ at the tip of the tongue to the membranous plications at the verge of the anus, has escaped attention.

The contributors to this volume are Samuel G. Armor, Edmonson I. Atkinson, Roberts Bartholow, Samuel C. Busey, Alonzo Clarke, J. Solis Cohen, W. H. Draper, R. Palmer Howard, Abraham Jacobi, W. W. Johnston, Joseph Leidy, John S. Lynch, Thos. G. Morton, J. Lewis Smith, Louis Starr, James Tyson, Philip S. Wales, William H. Welch, Henry M. Weatherill, jr., William J. White, James T. Whittaker.

Every disease is made the subject of an admirable monograph, which presents the reader with all the light which science has thrown upon it up to this day.

The work is, of course, thoroughly representative of American practice and teaching, since the contributors are selected from every section of the country.

It is sold by subscription at a low figure, and is destined to run rapidly through an immense edition. Prices, per volume: cloth, \$5; leather, \$6; half russia, \$7.

Henke's Atlas of Surgical Anatomy. A Series of Plates Illustrating the Application of Anatomy to Medicine and Surgery. Translated and edited by W. A. ROTHACKER, M. D., Pathologist to the Cincinnati Hospital, Lecturer on Pathological Anatomy in Miami Medical College. Cincinnati: Anton Bicker, Publisher, successor to A. E. Wilde & Co., 78 and 79 Johnston Buildings.

This work is a series of eighty-one plates, so drawn and arranged as to enable the surgeon to contemplate at a single view the relational anatomy of any region in which he may be called to operate. As an aid to the physician also in recalling the relations of the thoracic, abdominal, and pelvic viscera for diagnostic purposes it must prove invaluable.

Each region is delineated with remarkable truth to nature, and each organ is pointed out by its name, boldly printed, in the margin, with a line running from the former to the latter. By this arrangement mistakes are impossible, and the pictures are made fit to serve the beginner in the private study or the college dissecting-room.

The plates are printed on heavy smooth paper, in large quarto, and the book is bound in strong boards, elegantly finished in cloth, with leather back and corners.

A work more serviceable to the surgeon, the physician, and the student has not recently fallen from the press, and we believe that the publisher will realize a handsome margin over the large expense of this worthy venture, so soon as the peculiar merits of the Atlas are made known to the profession in America.

The Student's Manual of Histology. For the use of Students, Practitioners, and Microscopists. Third edition, entirely rewritten; greatly enlarged and newly illustrated. By CHARLES H. STOWELL, M. D., F. R. M. S., Professor of Histology and Microscopy, and in charge of the Histological Laboratory of the University of Michigan. Illustrated by 178 engravings. 8vo, pp. 368. Ann Arbor, Mich., U. S. A: Charles H. Stowell, Publisher. 1884.

The overworn expression that a book meets a long-felt want may be applied to this manual of histology without quotation marks or blushes, and no teacher of practical microscopy will, on investigating the subject, fail to commend the application.

We have many excellent treatises on histology, 't is true, but, being either too voluminous, or badly arranged or wanting in some important particular, none meets the needs of the student so fully as this. This is no more than might have been expected in a book which comes from the pen of this able, accomplished, industrious and experienced teacher, investigator, and writer. The work begins with a practical chapter upon the microscope, in which the mechanical optical peculiarities of the instrument are briefly but clearly set forth.

The second chapter deals with the preparation of objects for study, giving the latest and best methods for injecting, hardening, staining, and mounting the specimens which should come to the hand of the student.

The third chapter gives an exposition of the cell. In this the modern biological doctrines receive due attention. The eccentricities of the ameba are well illustrated

and the intra-cellular network of Heitzmann is made to resolve itself into a pabulum of structureless protoplasm. In the twenty-three chapters which follow, the blood, with every tissue of the body, is made the subject of careful and systematic study. The text is full and accurately descriptive, while the illustrations are exceptionally clear and beautiful.

The last chapter, the twenty-second, is devoted to starch, and proves to be an admirable exposition of this all-important department of vegetable histology. Its appropriateness as a finishing touch to a work devoted to animal histology may be questioned, since the corpora amylacea have been relegated to the rubbish of post-mortem change, but no one will deny that it adds materially to the value of the work.

Correspondence.

LONDON LETTER.

[FROM OUR SPECIAL CORRESPONDENT.]

At the *conversazione* of the Medical Society of London, Professor Humphry delivered a lecture on the subject of Old Age. This, he said, ever since his youth, had been a fascinating study to him, though for various reasons he had been prevented from following it up. An inquiry, however, had lately been set on foot to investigate the subject of longevity, and the remarks which he had to make would be in relation to some of the results which had been attained by this inquiry. After a brief reference to the changes which age produced in the system, and a longer one to the relations between disease and death from earlier periods to the present time, Professor Humphry proceeded to lay down the rules under which long life might be attained. The first requirement for longevity was capability for resistance and endurance, and that each organ should be sound in itself, and strong in relation to others. The second requirement was freedom from exposure. Women in both, and notably the second, had a great advantage over men, and this fact was manifested in the greater longevity of women. It was also in some part due to a more inherent vitality in the longer-lived sex. In the first year of life the mortality among males was much greater than among females, and here at the very beginning the latter got a start of the former,

which was retained and improved to the end of life. They had found from their inquiry that the average height of women was five feet three inches, and that of men five feet six inches. In pulse and respiration the women had the advantage, their pulse being 89 in comparison to the men's 73, while the latter's respiration was 19 as against 22 of the weaker sex. The greater proportion of these old-lived people came of long-lived families. Their way of living on the whole might be summed up as follows: They had not much to eat, but had good appetites, good sleep, and did not suffer from indigestion. They were small eaters, and did not take much medicine or alcohol. The bones of men and women which, up to maturity, increased in weight, after that period lost considerably in that respect, though they did not decrease in size, but more often increased, and to this increase might be attributed the bony appearance which many old people presented. The average number of teeth in men and women above eighty years of age was six and three respectively. Our ancestors seemed to have been better off in this respect, as most of the skulls which had been found showed a good supply of teeth. But civilization was doing something at all events to remedy the evil she brought in her train, and the substitutes which were provided had several advantages which could not be claimed for the real article. The aged body did not seem more prone to disease than the younger one, and the susceptibility to contagious diseases diminished from birth to old age. But after all length of life was not to be estimated by years as by the amount of work done, or the endeavors to promote the happiness of our fellow-creatures.

It is proposed to erect a hospital at the favorite seaside resort, Hastings, with wards on the circular plan, modeled after the kindred medical institution at Greenwich. The town and district have taken the matter up, and the new building will soon be commenced.

Countess Cowper has just published a very useful little book called *Help at Hand*. As is explained in the preface, it has been written for the use of the people; first, that they may be able to afford to buy a cheap guide to "first aid," and second, that, having bought it, they may be able without any knowledge of surgery and medicine to understand the simple rules laid down for what they should do and what they should not do in cases of emergency.

Sir W. G. Hunter, late of the Bombay Medical Service, and Dr. R. Thos. Thorne, the assistant medical officer of the Local Government Board, have just started for Rome to represent England on the International Sanitary Conference.

A young lady has just been appointed at Fordingbridge to the post of vaccination officer. Her name is Miss Isabella Oates, and her duties will extend over the whole union. The appointment has been confirmed by the Local Government Board, and has created quite a sensation.

Two curious specimens of artificial teeth have been found in an Etruscan tomb, probably dating to four or five centuries before our era. These graves contained the bodies of two young girls. On the jaw of one is still to be seen two incisors fixed to their neighbors by small gold rings; in the other the rings remained, but the artificial teeth had fallen out. The teeth, carefully cut, had evidently been taken from the mouth of some large animal. The dentist's art, among the ancients, was not confined to drawing teeth and replacing them by artificial ones, for natural ones have been found which have evidently been treated in various ways. That this curious fact has escaped notice so long is due to the rarity of Etruscan skeletons, the Etruscans employing cremation generally, and also to the circumstance that modern inquirers are more interested in objects of Etruscan art and industry than in the remains of their ancient owners.

Sir T. Spencer Wells' standard work has just been issued in a cheap form, under the title of *Diagnosis and Surgical Treatment of Abdominal Tumors*. The author has followed the plan adopted in previous editions, the present edition being not only brought up to the present date, but also much extended in scope.

The Local Government Board have just issued some plans showing how, under one roof, a perfect isolation hospital may be obtained. One of the plans shows how four beds may be placed so as to secure this end, the separation of diseases being effected by requiring the several wards and nurses' rooms to open under verandas in the outer air, and by so arranging the doors that two sets opened under a veranda to the front, and two under another at the back of the building. Special arrangements were also made by which the nurses could be provided with bed-rooms in the same building without any chance of their apartments becoming infected with ward air. This plan was

eminently adapted for securing to small towns of 4,000 inhabitants or less, or to public institutions, the maximum accommodation at the smallest cost. The larger plan is based much on the same principle, but it provides twelve beds instead of four, all under the same roof, but having no aerial communication with each other. The pavilion is not only adapted to towns of 10,000 inhabitants, but it should always be provided as one of the pavilions when two or more were to be erected, its advantages being considerable where only one or two cases of a disease were under treatment, and also for the purposes of isolating doubtful or special cases.

LONDON, May, 1885.

Societies.

LOUISVILLE MEDICAL SOCIETY.

Stated Meeting, May 21, 1885, the President, Dr. J. M. Clemens, in the chair.

Dr. J. M. Mathews opened the discussion on fistula in ano. He was frequently asked the best treatment for this condition. His reply was that no one could lay out a course of treatment applicable to all cases. Each case must be considered as an individual one. He certainly should not allow the patient to dictate the course of treatment. The result of the examination of the case must determine the course to be pursued. He cited some cases illustrating methods of treatment.

CASE I. Man, fifty years old; anemic; great general debility. Examination showed an internal opening into the rectum, through which the finger could be pushed almost into the ischio-rectal fossa. He had been treated for some time for an ulcer (?). It was discharging from one to one and one half fluid ounces of pus daily. With the knife Dr. Mathews freely laid open the left buttock, when he found no difficulty in introducing his hand into the ischo-rectal fossa. In searching with the fingers he found openings to run toward both the perineum and dorsum. Hemorrhage in this case was not the difficulty. The question that arose was, how often could the sphincter be divided without that great calamity, incontinence of feces, resulting. He divided it twice, with a favorable result.

CASE II. An habitual drinker, but not a drunkard, had been under the treatment

of an advertiser who "did not use the knife." Injections had been used. The sinus began in the scrotum, running three and a half or four inches, opening into the rectum three or four inches from the anus. The membranes were thick and firm, and cut like cartilage. Ligatures had been tried, which set up an inflammation resulting in an abscess and additional tracts being formed. Dr. Mathews laid open the whole tract, making an incision about four inches long and three and a half inches deep. An additional incision three inches long was made through the perineum, the sphincter being twice divided. Result good. Stimulants were not withdrawn during treatment. In neither of these cases did he think any treatment other than by the knife applicable.

CASE III. A superficial fistula, one and a half inches long, not opening into the bowel. Simple division with the knife produced a speedy cure.

He mentioned other methods of treatment, as injection into the sinus, which was often preferable in case of women or delicate persons. In the last case cited, a sponge tent, followed by injection of tincture iodine, would have answered. Inelastic or silk ligature, which has been abandoned by the majority of the profession, may be used where the *elastic* ligature will apply. The elastic ligature would be useless in such as the first two cases cited. The treatment by the knife he thought simpler, more rapidly done, and surer of success. All the tracts may be laid open. He had never seen serious hemorrhage follow.

Dr. Scott feared that in his advocacy of the knife Dr. Mathews would drive many patients to irregular practitioners, who claimed to cure without its use.

Dr. von Donhoff did not wholly agree as to the necessity of laying open all the tracts. He would prefer to scrape with the spoon, probe, or curette, the smaller tracts and inject with tincture iodine, while the larger tract is kept open.

Dr. Mathews did not want it understood that he always used the knife. He sometimes preferred the ligature. He saw little difference between the knife and curette, but preferred the knife.

JULIA A. INGRAM, M. D.,
Secretary.

Pharmaceutical.

Conducted by Simon Flexner, Ph. G.

NORMAL LIQUID COCA.—Since the discovery of the anesthetic properties of the alkaloid cocaine coca itself has received increased attention. Many new preparations have from time to time been suggested or prepared, each having as its object the presentation of the drug in a form for exhibition so that its full effect might be obtained. That all of these are improvements on the old form in which it was and still is administered, viz., the fluid extract, we would by no means say. But one preparation, which owes its introduction to the stimulus above mentioned, well deserves notice in this connection. The preparation we refer to is the "*normal liquid coca*," of which the makers claim that in its manufacture only is used a leaf that by previous assay has been shown to contain a certain percentage of the alkaloid cocaine, and furthermore that the product resulting from it is brought to a certain standard by another determination of its alkaloidal strength: which strength, and a method of verifying it, is designated on the label accompanying the package.

This method of rendering exact and reliable preparations, which hitherto have been characterized by more or less variability and uncertainty, can not be too much encouraged, and the firm that introduces them should be rewarded for their efforts by unmistakable evidence of our appreciation.

DETECTION OF MORPHINE IN THE URINE. Natta and Lugan find that morphine, taken internally, may be detected in the urine when the quantity taken reaches one decigram or about one and a half grains per day. For this purpose the following directions are to be observed: One liter of urine is treated with about one hundred cubic centimeters of solution subacetate of lead. After the subsidence of the precipitate the colorless liquid, which contains the morphine in the form of an acetate, is to be withdrawn, and the excess of lead removed by the cautious addition of diluted sulphuric acid. Ammonia is then added to liberate the alkaloid, which is dissolved in amylic alcohol added for the purpose. The amylic alcohol in separation is treated with sulphuric acid, whereby the alkaloid is converted into sulphate, which is then isolated in the usual manner.

THE New Jersey State Medical Society will hold its annual meeting at Long Branch, June 9th and 10th.

CANNABIUM.—Of this new principle, extracted from *cannabis indica*, the American Druggist has the following:

This is the name of the new product prepared from *cannabis indica* and put upon the market. When cold it has the consistence of a soft extract; when heated it appears as a viscid brown balsam, transparent, in thin layers of a strongly aromatic odor, and a sharp, bitter, and somewhat scratching taste. It is insoluble in water, easily soluble in alcohol, ether, petroleum ether, chloroform, benzol, bisulphide of carbon, ethereal and fixed oils. The solutions are golden yellow when diluted, brown when concentrated. When heated on a platinum foil it leaves no residue. Its true chemical nature is not known. The experience of practitioners so far on record shows that it acts as a sedative and soporific in doses of 0.05 to 0.1 gram, without producing disagreeable effects on waking. Owing to its soft consistence it is not easily dispensed in its original form. It is best dispensed in a trituration containing ten per cent of the substance.

Selections.

AN EXPERIMENTAL AND CLINICAL STUDY OF AIR EMBOLISM.—Dr. N. Senn, of Milwaukee, read a paper before the American Surgical Association of the above title, from which we take the following from the Medical News:

As indicated by the title, it was based both upon a thorough review of the literature of the subject and a large number of original experiments. In some instances as many as forty experiments were reported in proof or disproof of a single statement. The treatise was divided into eleven chapters, from each of which were drawn a number of practical suggestions. The titles of these respective chapters were:

I. Introduction, in which the subject is considered in a general manner as regards its application to surgery, and to some extent the causes and manner of its production. The term air embolism was defined, "The pressure of free atmosphere within the vascular system during life and in sufficient quantity to give rise to symptoms of obstruction."

II. The history of air embolism.

III. The intravenous production of air. With regard to this phenomenon, he expressed the belief that it is of very rare oc-

currence, and that inasmuch as nearly all cases in which air has been found in the vessels post-mortem, where cases in which death had occurred as a result of hemorrhage, the air had been aspirated into the open mouths of the bleeding vessels. In cases in which no wound on vessels can be found, however, he thought it possible that the bubbles were a gaseous substance produced from decomposition of the blood, although it had not been found in sufficient quantity for the determination of its chemical constituents.

IV. Effect of the heart and respiration on the venous circulation.

V. Aspiration of air into the superior longitudinal sinus. This was considered chiefly with regard to its importance as a complication to operative procedures about the head. The author also considered the views of various writers in regard to its production. A number of experiments were reported, and from them a list of practical suggestions was adduced.

VI. The immediate cause of death after intravenous insufflation of air.

VII. Intra-arterial insufflation of air.

VIII. The clinical study of air embolism. In this section was considered the various symptoms that result from the entrance of air into the principal vessels of the body, together with comparative fatality of each.

IX. Experiments on venous air embolism. These experiments were made for the most part on dogs, and demonstrated, in the opinion of the author, not only the innocence of the operation of aspirating the heart, but that it is absolutely indicated as a therapeutic method in cases of the introduction of air.

X. Prophylactic treatment of air embolism. The chief of these methods are position, compression, ligature, and the aseptic tampon.

XI. The operative treatment of air embolism.

In conclusion, he submitted the following *resume*:

1. The presence of adventitious air in the vascular system during life gives rise to air embolism.

2. Each air embolus constitutes a mechanical source of partial or complete obstruction to the flow of blood in the vessel in which it is located.

3. Aspiration during the inspiratory movements of the chest is the direct or exciting cause of ingress of air into a wounded vein or sinus.

4. Elevation of the head is the sole predisposing cause of the entrance of air in wounds of the superior longitudinal sinus.

5. In veins, the predisposing causes consist in

(a) Elevation of the part wounded; (b) Pathological or anatomical conditions which prevent collapse of the vein when it is wounded.

6. Insufflation of a fatal quantity of air into a vein produces death by:

(a) Mechanical overdistension of the right ventricle of the heart, and paralysis in the diastole; (b) Asphyxia from obstruction to the pulmonary circulation consequent upon embolism of the pulmonary artery.

7. Insufflation of the same quantity of air into arteries is less dangerous than when introduced into veins. When death is produced in this manner it results from:

(a) Acute cerebral ischemia; (b) Secondary venous air embolism; (c) Intense collateral engorgement of the vessels of the brain and spinal cord, the manner of death being determined by the amount of air injected, and the direction in which the injection is thrown, as well as the time which has elapsed between the operation and the fatal termination.

8. Air injected into arteries is readily forced through the systemic capillaries into the venous circulation and right side of the heart by the powerful contraction of the left ventricle.

9. Air embolism of the pulmonary artery is relieved in a comparatively short time, provided the contractions of the right ventricle continue unimpaired for a sufficient length of time to force the air through the pulmonary capillaries into the general circulation.

10. The prophylactic treatment consists in proximal or double compression, or ligation, of the vein which is endangered by the operation.

11. The indirect treatment has for its objects:

(a) The prevention of the admission of air; (b) The administration by inhalation or hypodermic injection of cardiac stimulants; (c) venesection.

12. The direct or operative treatment by:

(a) Puncture and aspiration of the right ventricle; catheterization and aspiration of the right auricle, which is proposed with a view to obviate the direct cause of death by the removal of air and spumous blood, thus

relieving directly the overdistension of the right ventricle, and, at the same time, to guard against a fatal embolism of the pulmonary artery.

13. The results obtained by experiments upon animals warrant the adoption of the operative treatment of air embolism in practice, as a last resort, in all cases where the indirect treatment has proved inadequate to meet the urgent indications.

SIR ANDREW CLARK, in the Lumleian Lectures (British Medical Journal), speaking of the clinical history of bronchiectasis, notes the following points:

In the first place, the general condition of the bronchiectatic patient differs materially from the subject of tubercular phthisis, on the one hand, and the fibroid lung on the other. Pale or cyanosed, for the most part thin and stooping, distressed by paroxysms of cough, and drained by discharges of purulent and sometimes fetid expectoration, the subject of bronchiectasis displays a combination of mental and bodily energy not to be met with in any other disease.

In the second place, while in fibroid lung the disease is for the most part unilateral, and in tuberculosis bilateral, in bronchiectasis both forms occur in nearly equal numbers.

In the third place, while bronchiectasis resembles fibroid, for which it could not well be mistaken in temperature, circulation, forms of cough, kinds of expectoration, conditions of breathing, absence of *malaise*, and slowness of general progress, it differs in almost all these points from tubercular phthisis, with which it is frequently confused and has nevertheless little in common.

In the fourth place, while the excavations of fibroid occur at any part of the lung, and the excavations and tubercular disease at its summit, and while the excavations of both when they are multiple, appear in groups without definite form or order, the dilatations of bronchial tubes, found more frequently at first in the middle and lower than in the upper lobes, are arranged in order along the bronchial ramifications.

In the fifth place, while the excavations of fibroid and tubercular disease arise in the midst of consolidations, the bronchial dilatations have no necessary relations to them, and, although commonly surrounded by fibroid induration, may be often found in the midst of apparently unaltered lung.

In the sixth place, although bronchial

dilatations may be unsurrounded by peribronchial thickenings, or by pulmonary induration, chronic pleuritic neoplastic membranes are never absent.

In the seventh place, when several cylindrically dilated bronchi lie near to each other, the physical signs are sometimes such as to suggest the existence of a large cavity with rigid walls; but a careful and often repeated study of those signs will prove that they vary with the amount and time of the expectoration; and that sometimes the signs of a cavity are often wanting, and that at other times they are present only in isolated parts.

In the eighth place, in opposition to Traube and others, I contend that the sputum in bronchiectasis, similar in characters to that of advanced and regressive fibroid, frequently contains fragments of elastic tissue in two forms; first, in the form of bands, consisting of fibers running in straight lines parallel to each other; and second in the form of elastic areolæ and thickened intersecting trabeculæ. The former are exfoliated from the bronchial mucous membrane; the latter come from the pulmonary alveoli disintegrated by ulceration proceeding outward from the bronchial dilatations.

In the ninth place, the sputum in uncomplicated cases of bronchiectasis, accompanied or unaccompanied by fibroid indurations and excavations, does not, as far as my present experience extends, contain tubercular bacilli.

In the tenth place, the only certain means of distinguishing a tubercular from a bronchiectatic cavity, or of knowing when a tubercular has supervened upon a fibroid or bronchiectatic process, is the presence in the sputum of tubercular bacilli.

ALCOHOLIC PARALYSIS.—The immediate and transient effects of an excessive quantity of alcohol upon the human nervous system, whether they are manifested in the form of drunkenness, or of delirium tremens, or of an acute attack of insanity, are well known. Scarcely less evident are the effects produced upon the nervous system by a less excessive but a more prolonged abuse of alcoholic drinks. These effects may be manifested either in a general failure of physical and mental power, or in a form of disease closely resembling progressive paralytic dementia, or in various forms of chronic insanity, or in epilepsy, or in neuralgia, or in paralysis. In the acute form of alcoholic poisoning, no change in the structure of the nervous sys-

tem has been found, except that the meninges in common with the internal organs and the mucous membranes are the seat of a very decided injection and of a slight exudation. In the chronic form of alcoholism, a number of pathological changes have been discovered in the nervous system, which, however, vary greatly in different cases.

Of late years the paralysis which results from the abuse of alcohol has been accurately described by numerous observers, and the attempt has been made to discover the lesion of the nervous system which is associated with this form of paralysis. Two cases which are reported by Dr. Henry Hun, of Albany, in the *American Journal of the Medical Sciences* for April, 1885, are typical examples of this disease, and contribute to a better understanding of it.

Dr. Hun has collected the recorded cases of alcoholic paralysis, and from their study he holds that we are justified in regarding it as a special form of disease with the following symptoms: After a number of cerebral and gastric disturbances due to the alcoholic poisoning the symptoms of the disease proper commence with neuralgic pains and paresthesiæ in the legs, which gradually extend to the upper extremity, and which are accompanied at first by hyperesthesia, later by anesthesia, and in severe cases by retardation of the conduction of pain. Along with these symptoms appears a muscular weakness which steadily increases to an extreme degree of paralysis, and is accompanied by rapid atrophy and by great sensitiveness of the muscles to pressure and to passive motion. Both the sensory and the motor disturbances are symmetrically distributed and the paralysis attacks especially the extensor muscles. In addition to these motor and sensory symptoms there is also a decided degree of ataxia. The tendon reflexes are abolished, and vaso-motor symptoms, such as edema, congestion, etc., are usually present. Symptoms of mental disturbance are always present in the form of loss of memory, and in transient delirium.

The lesion is in all probability a degeneration of the peripheral nerve fibers and of the nerve cells in the cerebral cortex, together with a chronic congestion or inflammation of the pia mater. This lesion explains well the symptoms, although it is certainly curious that alcohol should not attack the spinal cord, but only the highest and lowest part of the nervous system, if one may so call the cortex of the brain and the terminal branches of the peripheral nerves.

TREATMENT OF ECZEMA.—Henry J. Reynolds, M. D., professor of dermatology in the College of Physicians and Surgeons, of Chicago, read a paper at a meeting of the Illinois State Medical Society, of which the following is an abstract:

He said an intelligent knowledge of the principles upon which treatment should be based always suggests the form of treatment that will be applicable to each case regardless of its name or location. The pathological condition being absolutely identical in no two cases, so the treatment must always vary, and a knowledge of specified lines of treatment or combinations of drugs said to be useful, with a neglect of consideration of the principles upon which treatment should be based in each individual case, in this, as in all other diseases, is liable to mislead. Therapeutically speaking he regards the disease as always either acute, subacute, or chronic, regardless of its clinical name or location, and arranges the treatment accordingly.

In the acute, as in all other acute inflammations, the great principle necessarily involved is rest, which implies not only quietude of the member or part, but *rest from all irritating influences*, as scratching, irritation of lice, friction, dirt incident to the calling of the individual, too frequent washing, etc. Soothing and protecting measures, therefore, are indicated in this stage, among which may be mentioned Carron oil, poultices, etc.

In the subacute, as in all other stages and forms, scratching must be strictly prohibited, as it is the most fruitful of all sources of aggravation.

He uses in this and the chronic conditions (either of which may at any time develop acute symptoms and require the treatment changed accordingly) pure, impalpably fine boracic acid as a dusting powder; having first gotten rid of crusts and scales by soaking with oil and washing with soap and warm water. In the chronic, however, he uses greater stimulating measures, in the way of green soap frequently rubbed in during washing. To relieve intense itching he has found nothing so effectual as a first-class letting alone.

He thinks bandaging and strapping advisable whenever practicable, and prefers the cotton roller to the rubber where there is much exudation or maceration of the skin. He reports two cases, of twelve and twenty years' standing respectively, of eczema rubrum of the leg associated with

varicose veins and ulceration, where many remedies had been tried without success, that he cured by the application of boracic acid and bandaging, and a saline laxative internally.

He says, as certain constitutional conditions predispose to the disease, and therefore necessarily aggravate or prolong it when once established, these conditions must be sought after and be corrected.

He has but little faith in the popular skin remedy, arsenic, in this or any other disease; all he knows positively of the remedy is that you can do harm with it. Chrysarobin, internally, as recommended by Stocquart, he has tried without any benefit.

COD-LIVER OIL AND LIME-WATER IN SCALDED THROAT.—I was sent for to see Alice B., aged three, who when the mother was out of the room had attempted to drink from the spout of a boiling tea-kettle, which stood on a low fire-place about level with its face. She had succeeded in taking enough in her mouth to scald her throat most severely, and when I got to the house I found the little patient collapsed, livid in the face, and evidently dying from shock. The mouth was so swollen and scalded I could form no idea as to the extent of the injury to the throat. I thought the child would not recover, but determined, as it could not take food of any sort, to give it equal parts of cod-liver oil and lime-water, as much for the sake of a dressing to the injured parts as for the nourishment the oil would afford. I ordered it to be fed with a teaspoonful every hour, and from the first the beneficial effects were truly marvelous; the pain was evidently relieved by keeping the scalded surface constantly coated with this novel Carron oil, and as the child at first only swallowed with difficulty it was longer in contact with the inflamed mucous membrane. In three days the child began to take notice, and in about a week afterward all the distressing symptoms of difficulty of breathing, which had made me fear for its life at times, had vanished. As it improved I added milk to its diet and gradually reduced the oil and lime-water. It recovered completely.—*H. D. Palmer, M. R. C. S., in Practitioner.*

THE taste and smell of turpentine are best masked by sulphuric ether. A mixture of turpentine, ʒij; ether, ʒj; syrup of orange, ʒj; and water, ʒiv, can be taken in teaspoonful doses quite readily.

THE

LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, JUNE 13, 1885.

Original.

AN ENDEMIC OF MEASLES.*

BY JOHN G. CECIL, M. D.

About the middle of last February two boys ran away from the Masonic Home. After an absence of a few days they were returned. During their absence they were exposed to measles; immediately after their arrival at the Home, on the 17th of February, one of them complained of severe headache, his face was suffused, eyes congested, nose discharging mucus, and the temperature elevated. Both were isolated. Never at any time had they communication with any of the other children. On the day following an eruption appeared, which answered the description of measles. There are in the Home about 160 children, 108 of whom stated that they had never had the disease. The first case occurred on February 17th. On the 1st day of March (the twelfth day after the boy had returned) a little girl, on the opposite side of the house, being as far removed from the boy as it is possible to be in the Home, and without having had any communication as far as we know with the case of measles, gave unmistakable evidence of having caught the disease. She was also immediately isolated. The next day, March 2d, the thirteenth day of the first case, another boy broke out; on the fifteenth day of the endemic four cases appeared—two on each side of the house. It now being evident that an endemic would prevail no further isolation was attempted. The cases then appeared as follows: On the sixteenth day after the first case, one case; on the seventeenth day, three cases; on the twentieth day, three cases; on the twenty-first day, four cases; on the twenty-second day, five cases; on the twenty-third

day, twelve cases; on the twenty-fourth day, fourteen cases; on the twenty-fifth day after the first case, fourteen days after the second case, twenty-seven cases broke out; on the twenty-sixth day there were six cases; on the twenty-seventh day there were four cases; on the twenty-ninth day, one case, making a total of eighty-seven cases, the average period of incubation being about two weeks. The endemic was characterized by mildness in every phase, the average duration of sickness being three days. The average highest temperatures of all cases, 102.55°F. ; only two registered as high as 105° ; sixteen registered between 103° and 105° ; eighteen registered between 103° and 104° . Fifty-four had the eruption broken out thickly, nineteen very thinly, and fourteen moderately well. Two had epistaxis; four had earache, and slight discharge following. Their ages varied from one to seventeen years. Two cases had attacks of pneumonia following the measles; in both the pneumonia was confined to lower lobe of right lung, one occurring on the fifth and one on the eighth day after the measles. Temperature ran 104.5° in one, and 104.3° in the other. Both cases ran a mild course, and made good recovery. There was also one case complicated on the fourth day of the measles by an attack of acute rheumatism, with temperature as high as 104.3° , which was promptly relieved by sodium salicylate. One case had an attack of gastric fever lasting about a week. There were no fatal cases, and at this time, six weeks after the last case appeared, all are entirely well.

Treatment was of the simplest kind. A fever mixture containing potas. acet., liq. ammon. acet., spts. eth. nit., and aq. camph., was given during the febrile stage. Inunction of sweet-oil was practiced from the beginning of the eruption until the scales dropped off. When cough was severe and harassing a few drops of paregoric were added to each dose of the fever mixture.

*Read before the Louisville Medico-Chirurgical Society, May 15, 1885.

A CASE OF MULTIPLE SPINAL SCLEROSIS.

BY JAMES WEIR, M. D.

The following case is remarkable from the fact that the patient was only thirteen years old, and that the spinal affection followed an attack of scarlatina. I first saw the patient in February (13th inst.), when he was brought to me by his mother, who brought him for treatment for "spasms of his muscles." I treated him for several weeks, and as there was no material evidence of recovery, or benefit, he became discouraged and discontinued his visits. He died last week of typhoid fever, and I was fortunate enough to secure his spinal cord. He was a negro (Geo. E.) of rather full habit, and notwithstanding the fact that he had just passed through a most severe attack of scarlatina, did not seem to have lost much flesh. On examination I found the little, ring, and middle fingers of his right hand inverted, the palmar aponeurosis and its digital prolongations being firmly contracted. There seemed to be loss of co-ordination in the extensor muscles of the lower extremity, with slight paralysis. There was also slight contraction of the plantar aponeurosis of the left foot, the great toe and second toe being inverted. He walked very unsteadily, and this titubating gait was the first symptom noticed by his mother, the contractions in his fingers and toes coming on subsequent to the appearance of his vacillating gait. After a most careful examination I diagnosed the case "Dupuytren's finger contraction," the seat of the trouble being in the trophic cells of the anterior column of the spinal cord. Most cases of "Dupuytren's finger contraction" are due to gout, rheumatism, or some local inflammation, though there are many cases cited where the disease was the result of changes in the trophic cells. Duchenne says there is a striking similarity between acute muscular atrophy and "finger contraction." We know positively that muscular atrophy is due to a diseased condition of the trophic cells in the anterior column of the spinal cord. Duchenne and Aran, supported by many other neurologists, assert that the finger contraction is sometimes produced by inflammation and consequent disorganization of the trophic cells independent of any local cause. The loss of co-ordination and paralysis in the lower extremity pointed to a lesion existing in the cord, so

I came to the conclusion that the case was one of "Dupuytren's finger contraction." The loss of co-ordination, etc., I attributed to reflex causes entirely. I put the patient on tonic treatment. I wished to prepare him for Adams' operation. It was while under this treatment that he became discouraged and left me. The spinal cord on section showed that his trouble was true multiple spinal sclerosis—the "*sclérose en plaques disséminées*" of Charcot. Sclerotic plates were found disseminated throughout the whole cord with the exception of that portion which is called the "posterior root zones of Charcot," or the column of Burdach. This portion of the cord was entirely healthy. The anterior root zones (anterior columns), the anterior and posterior gray cornua, and the columns of Turck and Goll were all involved. The disease seemed to shun the posterior columns entirely. I made a most careful search for diseased patches in this portion of the cord, but failed to find any. Multiple spinal sclerosis is seldom met with as a sequela of scarlatina, and equally infrequent is it found in a subject so young as my patient. Dupuytren's finger contraction is an affection of middle age, though the exceptions are by no means few. I thought, until my examination of the cord was made, that I had met with an exception. How greatly was I mistaken!

LOUISVILLE, KY.

ACUTE ARTICULAR RHEUMATISM FOLLOWED BY PHLEGMASIA ALBA DOLENS.

BY J. F. IRVINE, M. D.

On the morning of January 19, 1885, I was called to see G. J. D., aged forty-eight, a farmer by occupation, from whom I obtained the following statement: The patient says that sixteen years ago he had an attack of rheumatism, which lasted him two months, and that in his time he has had nearly all the diseases that are prevalent in this country.

His condition when I found him was as follows: He was suffering from a very severe pain in his left wrist-joint, aggravated by the least motion. His temperature was 101°, pulse 96, respirations 24. The patient, having had some acquaintance with rheumatism, recognized the character of the pain. My diagnosis being rheumatism, I

prescribed fifteen grains of sodium salicylate, to be taken every two hours until the pain in the joint should subside. I saw the patient on next day. He was no better at the wrist, and the elbow and shoulder-joints were now involved.

I now added to the above fifteen grains of potassium bicarbonate, and ordered blisters to affected joints. January 21st: The joints were relieved, but the patient complained of suffering in the region of the heart. An examination revealed a friction murmur. On the next day, being unable to lie down, he was propped up in bed by means of pillows. Syncope came on whenever he assumed the recumbent position. The heart sounds were muffled and distant, the apex beat was in the fourth intercostal space, and other evidences of pericardial effusion were present. From a sudden rise of the temperature I was led to suspect endo-carditis also.

The patient was put on opium and calomel, the sodium salicylate and potass. bicarb. being continued. To omit these was to subject the patient to a return of the joint pain. As the sodium salicylate seemed to have a depressing effect on the heart, tr. digitalis was given in six-drop doses every four hours, and continued so long as the salicylate was given, which was some time after the pericarditis had subsided.

During the patient's convalescence, the right lung became the seat of a pneumonia at the base. This was treated exactly as it would have been had the rheumatism not existed. The pneumonia subsided and the patient was discharged.

On the 23d of March he again sent for me; he was now suffering from a severe pain in the lower part of the abdomen, which, descending along the spermatic cord, caused a retraction of left testicle. The symptoms being obscure, a diagnosis was not made, but relief was obtained by the use of a cloth wrung out of hot water, and sprinkled with spirits of turpentine. At the next visit patient's left leg was found to be somewhat swollen, and it was evident that there was great obstruction to the venous circulation in that extremity. A diagnosis was now made of a venous thrombus in the iliac vein. This being a veritable case of phlegmasia alba dolens, the pain above noted must have been due to a commencing phlebitis.

The object in reporting this case is not to call any special attention to the treatment adopted, nor to give a detailed account of

the clinical history, such as the temperature curve, pulse, etc, which is always tedious to the reader, and wasteful of space in a journal, but rather to show that notwithstanding the early and energetic use of the sodium salicylate in conjunction with potash, and the application of blisters, the disease progressed to a serious degree, as shown by the damage sustained by the heart.

On May 23d, the patient was submitted to a careful examination, and the condition of his heart found to be as follows: The aortic (second) sound was absent (this was confirmed by Dr. R. N. Taylor, who examined the case with me) and a systolic murmur could be distinctly heard. This shows that there must have been considerable endocarditis.

Although ten weeks have elapsed since the commencement of the phlegmasia, the thrombus seems not to have undergone little if any change. The limb is still very large, but is doing well under treatment, by means of a rubber bandage. With the exception of the heart trouble, which does not give him great annoyance, he seems in a fair way to make a perfect recovery.

BURTONVILLE, KY.

Miscellany.

PROGRESS OF THE CHOLERA VACCINATION EXPERIMENTS.—The Medical Record says that Dr. Ferrán has been conducting his inoculation experiments on a large scale in Alcira, a town of upward of twenty-five thousand inhabitants, situated about twenty-five miles distant from Valencia. Almost immediately upon his arrival, when the object of his visit was made known, so many people presented themselves for vaccination that the virus was exhausted, and he was obliged to return to Valencia to prepare a fresh supply. A correspondent of *Las Provincias*, a newspaper of Valencia, writes that when Dr. Ferrán, in company with Dr. Pauli, arrived the second time in Alcira, they were greeted with almost an ovation, and crowds of people of all classes flocked around them to be inoculated. At the time of writing, over two thousand two hundred persons had already been vaccinated, and there was apparently no diminution in the numbers of those awaiting their turn, and the correspondent predicts that there will hardly be an individual in the city who will not have been inoculated at the expiration

of Dr. Ferrán's visit. Two girls, in an asylum where the inoculation had been practiced, had for some reason been passed over, and both of them were subsequently attacked, the other inmates remaining free. This occurrence soon became known, and created a profound sensation, inducing many, who had hitherto been incredulous or indifferent, to present themselves for vaccination. Outside of Alcira, also, the enthusiasm over Ferrán's experiments continues, and the journal *La Independencia Médica* has established a new department, called the "*Sección Ferrániana*," which is to be devoted exclusively to reports of these inoculation experiments. In the last number received of that journal two thirds of its space is given up to this subject. In the presence of experiments on so large a scale as those of Alcira, we shall not long be left in doubt as to the value, or otherwise, of Dr. Ferrán's discovery.

CHOLERA.—Dr. J. E. Baker made recently a report on cholera before the Kings County Medical Society (New York Med. Jour.). He concludes:

1. That cholera occurs mainly in great epidemics, starting in India and moving in a westerly direction, reaching America usually about a year after its appearance in Europe.

2. That the fourth great epidemic has reached Europe.

3. That the identity of the comma bacillus as the causative agent of cholera is not as yet accepted by all scientific investigators.

4. That the manner of transportation and diffusion is generally by means of rags and polluted clothing, the latter being worn usually by emigrants.

5. That the incubation period is very short, the onset of the disease very sudden, and the prostration following quite rapid.

6. That filth in all its forms is a necessary concomitant to the disease. Filth may exist without cholera, but cholera seldom prevails without filth.

7. That the disease can be arrested and completely stamped out by efficient and vigorous sanitation, as has been demonstrated beyond all question.

8. That in addition to the extreme importance of efficient sanitation is the absolute necessity of the prompt attention to immediate treatment by the method of house-to-house visitation within the cholera limits; and, if need be, the instant removal of patients to hospital accommodations.

VOMITING OF PREGNANCY.—Dr. Graily Hewitt read a paper before the Obstetrical Society, of London, on the severe or so-called uncontrollable vomiting of pregnancy, he concludes: (1) That the cases in which the disease is due to some other organ than the uterus are so few in number (only one in the series of thirty-two) that they may be almost excluded from consideration. (2) That in the large majority of cases the disease presents itself during the first half of pregnancy. (3) That the evidence points to interference with the normal expansion and growth of the gravid uterus, as the condition of the production of this dangerous affection, and that this is most frequently brought about by or in connection with detention of the bulk of the uterus in the bony pelvis; in eighty-eight per cent the uterus being anteflexed or anteverted, and in twelve per cent in a state of retroversion. The other conditions met with being hardness, resistance, or unusual rigidity of the os and tissues of the cervix. (4) There appear to be two factors to be considered capable of interfering with the expansion of the uterus, (a) incarceration with flexion or version, (b) undue hardness and rigidity of os and cervix.

THE New York Medical Journal says that the International Sanitary Conference at Rome passed a resolution declaring that a ship not provided with a medical officer should undergo a consular inspection at Suez. This measure, together with the five days' quarantine of infected vessels determined upon, seems to have stirred up no little opposition among the English, and one of the leading London newspapers declares that England can not assent to such a regulation, which it looks upon as an embargo on all Oriental commerce and as "further evidence of the unfriendly spirit of the European powers led by France."

NEPHRECTOMY, ITS INDICATIONS AND CONTRA-INDICATIONS.—Dr. S. W. Gross, of Philadelphia, presented a number of statistics on this subject to the American Surgical Association, at its recent meeting in Washington. The following conclusions were drawn:

1. Primary extirpation of the kidney is indicated, first in sarcoma of adult subjects; secondly, in the early state of tubercular disease; thirdly, in rupture of the kidney or of the ureter; and, fourthly, in benign tumors.

2. Nephrectomy should not be resorted to until after the failure of other measures; first, in urinary fistulæ of the kidney or of the ureter; secondly, in protrusion of the kidney through a wound in the loin; thirdly, in recent wounds of the kidney or of the ureter made in the performance of ovariectomy, hysterectomy, or other operations; fourthly, in suppurative lesions; fifthly, in hydro-nephrosis and cysts; and, lastly, in floating kidney.

3. The operation is absolutely contra-indicated, first, in calculus of an otherwise healthy kidney; secondly, in sarcoma of children; thirdly, in carcinoma at any age, unless the disease can be diagnosed and removed at an early stage; and, fourthly, in the advanced stage of tubercular disease.

SCHULTZ'S METHOD OF RESUSCITATING THE NEW-BORN.—At the annual meeting of the Medico-Chirurgical Faculty, of Maryland (Medical Record), Dr. Neale illustrated Schultz's method of resuscitating the new-born child in cases of asphyxia. The child is held by the shoulders, the thumbs resting upon the thorax, the child's head toward the operator and its anterior surface to the front; it is then swung upward, so that its feet perform a revolution, and lie between the head and the operator's body, the trunk being then a state of forced flexion. The original position is then resumed by a reverse movement, and the repetition of these movements constitutes the method. Dr. Neale regarded it as more effective than Marshall Hall's or Silvester's, and related a case in which resuscitation had been secured after ten minutes, the measures mentioned and all others having been tried in vain.

THE AMERICAN CLIMATOLOGICAL ASSOCIATION.—At the recent annual meeting, held in New York, the following named gentlemen were elected officers for the ensuing year: Dr. William Pepper, of Philadelphia, President; Dr. Frank Donaldson, of Baltimore, First Vice-President; Dr. Beverley Robinson, of New York, Second Vice-President; Dr. J. B. Walker, of Philadelphia, Secretary and Treasurer.

HEPATOTOMY AND LAPAROTOMY ABROAD. The British Medical Journal says: On May 6th, Mr. Lawson Tait performed laparotomy and hepatotomy at Nice, on Prof. Budin, of the Faculty of Paris. Prof. Budin has been ill for two years past. His symptoms

pointed from the first to some abnormal condition of the liver. A consultation between Professors Tarnier, Brouardel, Bonchardat, and Drs. Bar and Tham took place, when it was decided that laparotomy should be resorted to. Mr. Lawson Tait was asked to go to Nice to do this. On cutting into the liver he found a tumor containing a great mass of hydatids, which he successfully removed. A drainage tube was left in the wound. Since the operation Prof. Budin has made an uninterrupted recovery.

BROMIDE OF ETHYL AS AN ANESTHETIC IN LABOR.—In the American Journal of Obstetrics for June, Dr. E. E. Montgomery furnishes an interesting communication on the use of the Bromide of Ethyl as an Anesthetic in Labor. He says that the ideal obstetric anesthetic is one which will act rapidly, surely, and safely, one whose effects are of short duration and that can be carried in small compass. The bromide of ethyl answers these demands. It is colorless, has no unpleasant odor, and when breathed removes the sensation of pain without destroying intelligence. It is better borne than chloroform and more rapidly eliminated. He has used it in twenty-nine cases with satisfactory results, and urges for it an extended trial.

GREAT HYPERTROPHY OF THE CLITORIS.—Dr. W. B. Pratt (Maryland Medical Journal) exhibited this extraordinary specimen at the Clinical Society of Maryland. He had removed it at Bayview Hospital, March 16th, from a young mulatto, aged twenty-five. It was said to be of three years growth only. The patient was a syphilitic, and had condylomata about the anus. The growth measured five and three quarter inches in length and eight inches in circumference; it was hanging over the entrance to the vagina as far as the anus, causing pain in the back and difficult urination. The growth was removed by thin cuts, and then the ecraseur was applied for the rest of the tumor. Rapid recovery resulted without a bad symptom.

PICROTOXIN IN THE NIGHT-SWEATS OF PHTHISIS.—In several cases in which atropine, quinine, and ergot had proved unsuccessful, Dr. Westbrook obtained excellent results with picrotoxin. It was given by hypodermic injection in doses of one half to one milligram ($\frac{1}{150}$ to $\frac{1}{65}$ grain), gradually increased to three milligrams. It was also efficacious when given by the mouth.

OBSERVATIONS ON THE CUTANEOUS AND DEEP REFLEXES.—Dr. Philip C. Knapp, of Boston, records, in the April number of the American Journal of the Medical Sciences, a series of observations upon the cutaneous and deep reflexes of two hundred and thirty-nine persons, from which he draws the following conclusions:

1. Absence of the plantar or cremaster reflex is usually pathological, depending on a direct lesion of the reflex arc, or some cerebral disturbance.

2. Absence of the other cutaneous reflexes is not necessarily pathological.

3. Absence of the patellar reflex may be due to cerebral disturbance, especially in alcoholic subjects.

4. Ankle and patellar clonus are pathological.

5. The deep reflexes of the upper extremity are of frequent occurrence, and have no special pathological significance.

6. The costal reflex is found in the majority of cases without general exaggeration of the reflexes, and with no signs of phthisis, incipient or advanced.

7. When the reflexes differ on the two sides, though it usually signifies some unilateral disease of the nervous system, it is not always pathological.

Finally, his observations have led him to emphasize the value of testing all the reflexes, cutaneous and deep, in the upper extremity as well as in the lower, and on the two sides of the body, in examining patients with nervous disease.

In the city of Lima, Peru, there were, during the month of January last, thirty-seven deaths from smallpox, thirty-two of the victims being under twelve years of age. If there be not an anti-vaccination league in this town, then somebody has been supplying the doctors with bull virus, which as a taking failure is making great reputation.

HOT WATER IN ASPHYXIA OF THE NEW-BORN.—In the following cases the use of hot water was eminently successful (Gatschkowsky, in *Russkaja Med.*):

1. The child was born during an eclampsia of the mother. Face and body were cyanosed. Douching with cold water, swinging of the body up and down for nearly twenty minutes were negative. Plunging into hot water—all but the head—was then resorted to. A deep inspiration instantly ensued, followed by loud cries. Next day the child was quite well.

2. The second case was a podal delivery of an asphyxiated child. It was kept ten minutes in a tepid bath without drawing a breath; hot water was then poured into the bath until it became unbearable to the fingers, when the child commenced crying.—*St. Louis Medical and Surgical Journal.*

THE town council of Plymouth, Pa., where the epidemic of typhoid fever has been raging, was indicted for maintaining a nuisance, and for criminal neglect of duty, in not keeping the town in good sanitary condition.

ATROPIA IN ETHER NARCOSIS.—From a series of experiments on animals, Dr. R. W. Amidon concludes that atropia by hypodermic injection is the remedy in ether narcosis and asphyxia.

THE Medical Record says that the original drawings for Jaeger's "Atlas of Diseases of the Fundus of the Eye," have been purchased by Prof. Norris, of Philadelphia, for 4,500 florins (\$2,250.)

THE prize for the best essay on the prevention of blindness, offered by the English Society for the Prevention of Blindness, has been awarded to a German physician, Dr. Fusch.

DR. E. F. UPHAM, of Vermont, a member of the International Medical Congress Committee, returning from a trip south, was this week in the city a few days.

THE enlarged Committee of the International Medical Congress has been called by the chairman to meet at the Palmer House, Chicago, June 24th.

DR. S. SHERWELL, of Brooklyn, claims that acne is often due to urethral irritation, and can be cured by the use of cold sounds.

AT the recent meeting of the Pennsylvania State Medical Society, Dr. Wood, of Pittsburgh, was elected President.

IT is said that camphor water is the most efficient antiseptic for preserving solutions of the sulphate of atropine and physostigmine.

DR. WM. E. ROGERS, a prominent surgeon, of Memphis, Tenn., died in that city, May 21st, in the fifty-ninth year of his age.

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CHEMICAL TESTS FOR NEOPLASMS.

A New York journal, in an editorial upon the diagnosis of cancer, treats its readers to the following gems of scientific sapience. We quote for comment, and trust that the editor will take as a compliment our imitation of his way of according credit to his esteemed contemporaries.

A Vienna journal publishes an interesting case, where a prominent surgeon was called upon to operate in a disease which had been diagnosticated as carcinoma by an eminent physician and refused, on the ground that Freund, after subjecting the blood to a medical examination, insisted that the case was not one of cancer but of syphilis. The case was accordingly treated for syphilis and cured.

Freund's process, the correctness of which has been verified in over seventy cases without a single failure, consists in taking about one dram of blood, diluting it with water, and, after adding a few drops of a solution of chloride of iron and acetate of soda to precipitate albuminates, the liquid is warmed and neutralized by a solution of caustic potash and filtered. If a small quantity of Fehling's solution is added and subjected to heat, a yellowish precipitate shows the presence of sugar. If this is not obtained, a few drops of muriatic acid is to be added, the mixture again warmed and neutralized and Fehling's solution added. If glycogen is present this process changes it into sugar, which is seen in the yellow precipitate. Freund refers the reduction of Fehling's solution to the

presence of sugar in the blood which could not be found in the urine in an appreciable quantity. The blood of sarcomatous patients, subjected to the same process, shows the presence of peptones, which can easily be detected with acetic acid and the yellow prussiate of potash, but will be free from sugar or glycogen, while the blood of carcinomatous patients is positively free from peptones, but will contain sugar or glycogen. In this examination we must ascertain by the usual tests that there is no diabetes in the carcinomatous and no anemia in the sarcomatous patients.

Without venturing an opinion upon the diagnostic skill of prominent physicians and surgeons, who must bide a chemical analysis of the blood ere they settle the question of the syphilitic or cancerous nature of a given neoplasm, let us analyze some of the physiology and chemistry of the physiological chemist here quoted.

It is taught by the physiologists that sugar in small but varying amounts is a constant constituent of the blood; and if this be true it would not be remarkable if any specimen drawn from a subject with or without a tumor and deprived of its albuminous constituents should react faintly with Fehling's solution.

It is further taught that glycogen is a non-diffusible substance; that it is in short animal dextrine reduced from the sugar of the portal blood, and held in store by the hepatic cells, so that it may as sugar be slowly set free into the general circulation to serve the purposes of the economy. Glycogen is, however, a constant constituent of muscle, and may have place in other semi-solid tissues; but its ability to migrate through the vessels, except perhaps as emboli, is questionable at least; and, even if it should be found fluid in the blood, its presence there would have as good a physiological warrant as that of sugar.

Whenever the quantity of sugar in the blood exceeds three parts per thousand it gives evidence of the fact by prompt appearance in the urine. Now, while there may be numerous derangements and diseases which are competent to overturn this physiological balance and precipitate a glycosuria, and while cancer may possibly prove to

be one of them, it would, indeed, be drawing it fine to allow that this disease could measurably increase the quantity of sugar in the blood and never overstep the point of saturation.

This attempt to prove or exclude cancer by the presence or absence of sugar in the blood shows invention, if not genius, on the part of the experimenter; but, before he turns the medical world upside down with this discovery, he must reconsider his physiology, or verify his statements by abundant unimpeachable scientific testimony.

Carcinoma being pleasantly disposed of, it is natural that our investigator should look for the hematic manifestations of sarcoma—and of course find them. And behold, we are told that “the blood of sarcomatous patients subjected to the same process shows the presence of peptones,” and that these can be easily detected by adding to the de-albuminated blood acetic acid and the “yellow prussiate of potash.”

This is indeed clever, and, if it were not for some slight physiological and chemical discrepancies, might be accepted on the spot. But unfortunately peptone, like sugar, does in the well man pass in small measure into the general circulation, and the finding of traces of it here, even in a patient with sarcoma, would not prove that the neoplasm had aught to do with its presence; while, alas! some proteid other than peptone must have run the gauntlet of the chemist's primary precipitant, since true peptone gives no response to potassium ferrocyanide and acetic acid. This is laid down in physiological chemistry as primarily the test which negatively excludes peptone from all other members of the albumen family.

Now, while our readers will doubtless think that we have given Herr Freund and his discoveries more attention than they merit, they will agree that as an illustration of the ignorance of certain leaders in certain schools of medical thought, and the gullibility of their followers, the study may serve a good turn, and be ready to wager with us ten thousand pellets of the thirtieth

potency to a single suppository of the twenty-eighth power that the perpetrator of these experiments is a dealer in high dilutions, that he pins his faith to *similia similibus curantur*, that he absorbs his physiological ideas from that perennial fountain-head of science, the great Hahnemann himself, and draws his chemical lore from the classic works of Herr Philippus Aureolus Theophrastus Bombastus von Hohenheim.

Bibliography.

An Introduction to the Study of the Compounds of Carbon; or Organic Chemistry.
By IRA REMSEN, Professor of Chemistry in the Johns Hopkins University. Boston: Ginn, Heath & Co. For sale by John P. Morton & Co.

This is a very timely work, and fills a place which has long awaited its coming in medical as well as general chemistry.

Professor Remsen shows himself to be a teacher, no less than an author and profound student, in the masterly and systematic manner in which he handles this otherwise difficult subject for beginners. He tells us in his preface that “the object in view was not to find a new method, but to bring out as clearly as possible the beauty and simplicity of the relations which exist between the different classes of carbon compounds.” This the author has realized to a very considerable extent; and by his method of taking up and elaborating in a systematic and explicit manner some typical carbon compounds (hydro-carbons) at the very start, he prepares the way for an easy comprehension of the principles of the subject as they are unfolded. It has been the aim of the author to impress upon the understanding of the student the principles of the science, and to this end much of his space is utilized in discussing these general relations; but at the same time but little is lost in particular processes or reactions, since those bearing on the general questions are given quite fully. To the introductory chapter but little space is devoted, as it is supposed that the student has already mastered the elements of inorganic chemistry, and become familiar with the methods for purifying compounds, determining boiling and melting points, etc.

In the paragraph on structural formulæ, a piece of advice is given that should be laid well to heart; and if it were oftener done much trouble and perplexity on the part of the student, and unnecessary annoyance to the teacher would be spared: "Study with great care the reactions of compounds; study the methods of making them, and the decomposition they undergo. The formulas are but the condensed expressions of the conclusions which are drawn from the reactions."

S. F.

Sanitary Suggestions on How to Disinfect our Homes. A Resumé of the Latest and Best Information on the Household Use of Disinfectants, Deodorants, and Antiseptics, and of Practical Precautions Preventive of Cholera, Diphtheria, Scarlet Fever, and other Infectious Diseases. Prepared for popular perusal by B. W. PALMER, A. M., M. D. 16mo, pp. 58. Price, twenty-five cents. Detroit: George S. Davis, Publisher. 1885.

This is a valuable contribution to the literature of popular science, and in view of the possible invasion of our land by cholera is most timely. The work is admirably suited to the popular taste, and, while keeping his text ever within range of lay comprehension, the author recommends nothing new or old which will not bear scientific scrutiny and do service in making sanitary our homes. The physician may study the book with profit, and no doctor who reads it will fail to recommend it to his *clientele*.

Manual of Nervous Diseases, and an Introduction to Medical Electricity. By A. B. ARNOLD, M. D., Professor of Diseases of the Nervous System and Clinical Medicine, College of Physicians and Surgeons, Baltimore, Md. With illustrations. 8vo, pp. vii and 170. New York: J. H. Vail & Co. 1885. For sale by John P. Morton & Co.

This book is a most commendable attempt to supply the medical student with an elementary text-book in neurology, and we believe that it will win for its scholarly author the gratitude of many beginners of this most perplexing branch of medical study. The topics are discussed in thirteen chapters, as follows:

Chapter 1. The Anatomy and Physiology of the Nervous System; 2. General Symptomatology of Nervous Diseases; 3. Medical Electricity; 4. Special Pathology and Therapeutics; 5. Peripheral Paralysis; 6. Spasmodic and Allied Affections; 7. Diseases of the Membranes of the Spinal

Cord; 8. Diseases of the Spinal Cord; 9. Systemic Diseases of the Spinal Cord; 10. Diseases of the Membranes of the Brain; 11. Diseases of the Brain; 12. The Classical Neuroses; 13. Unclassified Nervous Affections, such as Hysteria, Spinal Irritation, Neurasthenia, etc.

Though these general headings, with the very many special topics which naturally fall under them, represent a vast field of study, it is nevertheless true that the author has been able to lay before the student many of the essentials in each topic discussed, and when the fact is noted that these points must be mastered before the student can have any comprehension of the science, the success of the work will be conceded.

Nine carefully-executed plates adorn the volume, and admirably illustrate the author's lucid text.

The Oleates. An Investigation into their Nature and Action. By JOHN V. SHOEMAKER, A. M., M. D., Lecturer on Dermatology at the Jefferson Medical College, etc. 16mo, pp. 121. Philadelphia: F. A. Davis, Att'y, 1217 Filbert Street. 1885.

This little book embodies the results of a careful study of the medicinal properties of this class of salts in the dermatological clinic of Dr. Shoemaker during the last ten years. The author was one of the first to employ the oleates in the treatment of skin affections, and it is due largely to his efforts that the therapeutic value of these drugs is to-day so widely known. The book gives the history and origin of the oleates, the process of their manufacture, their physiological action and therapy. It is, we believe, the only treatise extant which is devoted to this subject exclusively, and certainly holds for the practitioner a fund of fresh and valuable information. The oleates are manufactured on a large scale by Parke, Davis & Co., Detroit, Mich.

The People's Health Journal, of Chicago. A Popular Monthly Magazine devoted to Health, Hygiene, and Preventive Medicine. L. D. ROGERS, A. B., M. D., and S. IDA WRIGHT ROGERS, M. D., editors. Vol. 1, No. 1. June, 1885. Chicago, Ill., 441 Dearborn Avenue. \$1.00 a year.

This well arranged monthly, it is claimed, will be an independent health journal, the exponent of no hobby, but devoted entirely to the preservation of health and the prevention of disease. We wish it success.

On Wasting Diseases of Infants and Children. By Eustace Smith, M. D., Lond. Fourth edition. Library Medical Authors. New York: William Wood & Co. 1885.

Reflex Nervous Influence, and its Importance as a Factor in the Causation and Cure of Disease. By D. T. Smith, M. D. Read before the Orleans Parish Medical Society. Reprint from the New Orleans Med. and Surg. Jour. New Orleans: Graham & Son.

Neuralgia and the Diseases that Resemble It. By Francis E. Anstie, M. D., London, Fellow of the Royal College of Physicians; Honorary Fellow of King's College, London; Senior Assistant Physician to Westminster Hospital, etc. New York and London: G. P. Putnam's Sons, the Knickerbocker Press. 1885. For sale by John P. Morton & Co.

A Practical Treatise on Urinary and Renal Diseases, including Urinary Deposits. Illustrated by Numerous Cases and Engravings. By William Roberts, M. D., F. R. C. S., Fellow of the Royal College of Physicians, London; Professor of Medicine at the Victoria University, etc., assisted by Robert Maguire, M. D., Lond., Member of the Royal College of Physicians, London, etc. Fourth edition. Philadelphia: Lea Bros. & Co. 1885.

A Practical Treatise on Nasal Catarrh and Allied Diseases. By Beverley Robinson, A. M., M. D. (Paris), Clinical Professor of Medicine at the Bellevue Hospital Medical College, New York; Physician to St. Luke's and Charity hospitals, etc. Second edition, revised and enlarged. With one hundred and fifty-two wood engravings. New York: William Wood & Co. 1885. For sale by John P. Morton & Co.

Hay Fever, and its Successful Treatment by Superficial Organic Alterations of the Nasal Mucous Membrane. An essay read before the Philadelphia Laryngological Society, April 24, 1885. By Charles E. Sajous, M. D., Instructor of Rhinology and Laryngology in the Post-Graduate and Spring Course, Jefferson Medical College. Illustrated with thirteen wood engravings. Philadelphia: F. A. Davis Att'y, Publisher, No. 1217 Filbert Street. 1885.

BACTERIAL PATHOLOGY.—Last week we noticed by title a neat pamphlet issued by the Industrial Publication Company, New York, embodying a series of able papers on

the exhibits at the Biological Laboratory of the Health Exhibition, under the charge of Watson Cheyne. The papers, which attracted much attention as they appeared in the *Lancet*, will be welcomed in book form by all students in medicine, and especially by such physicians as may have little time for the study of bacteriology. The book may be read through at a sitting, and the demonstrations are so clear and carefully illustrated that the reader can not fail to profit largely by even a hasty reading. The price is only twenty-five cents.

Minor Surgical Gynecology. A Treatise of Uterine Diagnosis and the Lesser Technicalities of Gynecological Practice, including General Rules for Gynecological Operations and the Operations for Lacerated Cervix and Perineum, and Prolapsus of Uterus and Vagina, for the use of the Advanced Student and General Practitioner. By Paul F. Mundé, M. D., Professor of Gynecology at the New York Polyclinic and at Dartmouth College; Gynecologist to Mt. Sinai Hospital; Obstetric Surgeon to Maternity Hospital; Vice-President to the American Gynecological Society, etc. Second edition, revised and enlarged. With three hundred and twenty-one illustrations. New York: William Wood & Co. 1885. For sale by John P. Morton & Co.

Societies.

PHILADELPHIA CO. MEDICAL SOCIETY.

Stated Meeting, May 13, 1885.

EPIDEMIC OF TYPHOID FEVER AT PLYMOUTH, PENN.*—Dr. E. O. Shakespeare gave a verbal report of the investigations which Dr. M. S. French and himself, at the request of the mayor, had made concerning the nature of the Plymouth epidemic.

They had reached Plymouth on Saturday night, May 9th, and on Sunday had an opportunity of making a post-mortem examination on one of the patients who had died from perforation. Well-marked evidences of peritonitis were found, the point of perforation being readily seen. On opening the intestine, the characteristic lesions of typhoid fever were well marked. The spleen and the liver were also enlarged and softened. Other post-mortems were made, showing the same condition. The clinical history of patients examined also corre-

*Reprinted from the Proceedings.

sponded to typhoid fever. They had remained at Plymouth two days.

He then gave the following descriptions of the conditions under which the epidemic arose :

The town of Plymouth, nine months out of the twelve, is supplied with water from a mountain stream, and during seasons of drought, occurring usually three months in the year, water from the Susquehanna River is pumped directly into the mains at the lower portion of the town.

In consequence of the frozen condition of all the streams in that portion of the country surrounding Plymouth, about the 20th of last March the usual mountain source of water supply became inadequate, and therefore the water company began on that day to pump water from the Susquehanna directly into the mains in the lower streets of the town, while the upper streets on the hillside were still supplied from the reservoirs of the mountain stream. The pumping from the river continued until the evening of the 26th, when a sudden thaw, accompanied by slight rains, again filled the reservoirs.

During the period of pumping from the Susquehanna, the water in that river was lower than it had been at any time for years, and the surface was frozen tight. The city of Wilkesbarre, containing thirty thousand inhabitants, delivers its sewage directly into the Susquehanna, the mouth of the lower sewer emptying only two miles above the Plymouth pumping-station, while the current is very rapid between the two towns. The water is further contaminated by refuse water from five or six mines, as well as by the garbage from the abattoirs at Wilkesbarre. Notwithstanding this unusually filthy condition of the Susquehanna water, it is beyond question entirely innocent of causing the epidemic, for the following and other reasons:

There was less of typhoid fever in Wilkesbarre at that time than usual. A section of Plymouth supplied exclusively by the Susquehanna water and by a few wells, containing a population of eight hundred, is entirely free from the disease, except in cases of eight persons, five of whom, previous to their attack, had been in the habit of drinking the mountain water, while two were recent cases of secondary infection. In other portions of the town the extent of the disease was in direct ratio to the amount of mountain water used, an average of one tenth of the population.

The lower portion of the town was principally supplied with the river-water during the time of the pumping, while the upper portion at the same time received the greatest supply of mountain water. The rate of sickness is two cases in the upper portion to one in the lower, the latter also having been partly supplied from the reservoir.

The mountain stream has four reservoirs, the lower one distributing water throughout the town. The water in all the reservoirs was nearly exhausted at the time of the pumping, and they were also frozen. The mountain stream is a small one, running down over a rocky bed, and on a declivity not eighty feet from its bed a dwelling is situated, wherein, during January, February, and March, was located a case of typhoid fever that is only now convalescent, the worst period of the case being about the 20th of March. The attending nurse was in the habit, during each night, of carrying the excreta from the patient and depositing it upon the ground toward the stream. The ground during all this time was frozen and covered with snow, until the thaw and rain already alluded to occurred. The poisonous character of the dejecta is not destroyed by freezing, but is only kept in a state of hibernation. A great part of the three months' accumulation of dejecta was suddenly swept into the rapidly running stream, and reached the lower reservoir as quickly as a man walking fast could have arrived there.

In fifteen days from this time the epidemic began, fifty cases occurring daily between the 10th and 20th of April. Up to the present twelve hundred have been sick and one hundred have died out of a population of eight thousand. For the first three weeks the few people in town who used well-water exclusively escaped the disease. The period of incubation varies between ten and twenty days, or longer, and therefore no other conclusion can be arrived at than that the infective poison existed in mountain water and originated from the one case of fever in the house on the side of the stream.

The doctor went on to say, that although those people who used the water from the pumps in the town escaped at first, it was now found that the new cases developed in those who use well-water. This was due to constant neglect to disinfect the excreta of patients sick with the disease. In many cases they were thrown only a few feet from the well, and in this way the well-water was

now becoming contaminated. The people early became afraid of the hydrant water, and were now in great numbers resorting to the wells. Therein is the danger of a continuance and further spread of the epidemic.

Notwithstanding the frightful lesson which the one case of fever along the source of water-supply had taught the doctors and the people, not one precaution against the possibility of secondary infection from the sick in Plymouth had been taken. Drs. French and Shakespeare were the first to inform the local relief committee and the people of their present danger, and to draft for them sanitary rules looking to disinfection of the excreta, and to rendering the drinking-water, milk, and food harmless. They had occupied none of their limited time in looking into the milk or other food-supply, for the reason that these could not possibly have been so universally contaminated as would have been required for them to have caused the sudden outbreak all over the town.

They regarded this Plymouth epidemic of typhoid fever as unique in many respects. It is one more proof that there is required for the production of typhoid fever something more than the mere contamination of drinking-water by common sewage or fecal matter; that, on the contrary, for the production of the specific, infectious, and altogether characteristic disease known as typhoid fever, there must be introduced into the human organism a specific, infectious, and characteristic cause, which is elaborated by and transmitted from a person previously sick with the disease.

It is one more example of the great injury to the public which may follow neglect of the use of disinfectants in the handling of isolated cases of infectious disease, and it is one more rebuke to those who, in spite of our modern knowledge concerning the infectious nature of typhoid fever, constantly neglect the practice of systematic disinfection.

Selections.

THE TREATMENT OF GANGRENOUS INTESTINE IN STRANGULATED HERNIA.—In a paper having the above title, W. Mitchell Banks (London Medical Times) sums up with the following conclusions:

1. That when gangrenous gut is discovered in a hernial sac no attempt whatever should be made to divide the stricture.

2. That practical experience is required to determine the expediency of drawing down into the hernial opening a fresh piece of bowel.

3. That the cases appropriate for resection of the gut must be very few, requiring, as it does, that the patient should be young and vigorous, with abundant reparative power; that the hernial sac should not be full of putrid pus or evacuations from a perforated bowel; and that the operation should be done in daylight, and with competent assistance and antiseptic precautions. So far, the statistics of resection of gangrenous bowel show a majority of fifty-two per cent, whereas by making an artificial anus all the patient's immediately dangerous symptoms are relieved, while he has a chance of subsequent cure (*a*) by spontaneous closure of the aperture; (*b*) by the use of the enterotome or the rubber tube; and (*c*) by the employment of resection at a later stage, the statistics of which show a mortality of only thirty-eight per cent.

4. That in resecting a bowel it is not necessary to have any apparatus to distend it, and that while the fingers of an able assistant will generally serve to control the divided ends, it may be necessary to use some simple clamping instrument having parallel blades and covered with rubber.

LESIONS OF THE LIVER IN LATE HEREDITARY SYPHILIS.—Dr. Barthélemy shows from thirty-two cases, many of which have not been published, that late hereditary syphilis determines four varieties of lesions of the liver: (1) Lesions of an apparently purely congestive nature, characterized by a slight sensibility and augmentation of the volume of the liver, by a subicteric tint of the integument, by dyspeptic and rebellious gastro-intestinal disorders—accidents which rapidly disappear under the influence of iodide of potassium. (2) More profound lesions, determining a diffuse interstitial hepatitis—a cirrhosis rather hypertrophic than atrophic; this form of late hereditary syphilis is frequent in the earlier stages. It may be cured by a methodic treatment, but neglected it kills the patient sooner or later. Sometimes the lesions present the mixed characters of sclerosis associated with gumma; it then constitutes the sclero-gummos form, the course of which is quite variable in different cases. (3) Lesions tending to the production of gumma in the hepatic tissues, gumma which in healing causes corrugated cicatrices so characteristically seen

in the furrowing of the surface of certain livers. (4) Finally, lesions exceedingly grave, accompanied by amyloid degeneration of the gland, the amyloid variety; another mixed form, the amylo-gummosus, is also sometimes observed. There is not, according to Dr. Barthélemy, any notable difference, from an anatomical point of view, between the hepatic lesions due to acquired syphilis and those due to hereditary syphilis; but the clinical picture is different in the sense that the infant or the young adult hereditarily infected present the characteristic facies of the diathesis—characteristics so well studied by Prof. Fournier. It is necessary, then, in the presence of any affection of the liver of doubtful cause, of unusual course, or of singular development, to suspect late hereditary syphilis, since next to alcoholism and malaria, it is the most prolific cause of hepatic lesions.—*Correspondent of Journal Cut. and Ven. Diseases.*

THE BEST PALLIATIVE TREATMENT OF PROLAPSUS UTERI ET VAGINÆ IN OLD WOMEN.—Professor Breisky details in this paper his experience with various forms of pessaries in the treatment of prolapsus. The objections he makes to the majority of them are familiar enough to us in this country. Being foreign bodies in the vagina, they act as irritants. If large enough to be at all effective—and they must be large in order to resist pressure from above—it is only a question of time when, from overdilatation of the vagina, they will become too small, and must needs be replaced by still larger. To determine the instrument which, from its form, is likely to prove most effective, the question must be answered: By what mechanism is the pessary retained in the vagina? The answer is: The pessary must be of sufficient size to so distend the vagina as to rest on the pelvic diaphragm (the levator ani). His experience has led him to reject all those pessaries which have an oval or round shape, as also those typified by Zwanck's instrument. He recommends the substitution of an egg-shaped, smoothly polished instrument, and says that in his practice such an instrument has yielded him the happiest results. The objections brought against this instrument are: (1) It prevents coitus. (2) It is an obstacle to the escape of the menstrual blood. (3) It presses on the bladder and rectum. (4) The material from which it is constructed will gradually become rough. (5) it is difficult to remove. To answer these objections

categorically: Since the instrument is only intended for use in old women, the first two objections fall to the ground, to say nothing of the fact that these same objections will apply to other forms of instrument. The egg pessary will not press on bladder and rectum more than any other form, and since the instrument can readily be constructed of hard rubber, objections 3 and 4 are unfounded. The pessary may always be removed by a properly constructed forceps. Experience has further taught him that there should be no groove or hole in the instrument. The pessary should lie so closely in contact with the vaginal walls as to prevent access of air, and thus danger of erosion and catarrhal inflammation is lessened. Indeed, he questions if erosions will not heal more quickly with the pessary in position (if it be properly adapted), provided the base of the erosion be properly disinfected before the introduction of the pessary. It is also his opinion that through the use of this pessary a certain amount of tone is restored to the vaginal walls and strength added to the levator ani. While wearing this instrument, the patient is spared the trouble of taking vaginal injections, and its removal is only called for every three to six months, and then perhaps a smaller size may prove efficient. In recent cases of prolapsus, and in cases where decensus is not as yet a marked factor, Breisky recommends the application of such agents as tend to restore tone to the vagina before using the pessary. In the concluding pages of his paper, he describes the use of large cotton tampons saturated in some astringent, and calls attention to an ingenious porte-tampon he has devised, by means of which the patient may treat herself. (This method and a similar instrument have long been known in this country.) Above any method, however, and above all other instruments, Breisky places the egg pessary above described.—*American Journal of Obstetrics.*

THE CARE OF THE CORD OF THE NEW-BORN.—(*Archiv f. Gynäkol.*). Proper attention to the cord is necessary to prevent, (1) Hemorrhage and (2) inflammation with its consequences. In this paper the rules followed at the Leipzig Clinic are stated. The essential points are in regard to the best material for ligature of the cord, and in regard to the best after-treatment. As for the ligature, linen thread and silk have been rejected because of their liability to

slip with the shrinkage of the cord. From experiments made, in particular by Budin, and corroborated by the authors of this paper, the best ligature material appears to be thin rubber. On account of its contractility the danger of slipping is small, and its use in many cases has shown that, if applied double, hemorrhage is absolutely prevented. The method of ligating recommended is the following: Throw a loop around the funis, pass the free ends of the rubber band through the loop, and then, passing one free end around the funis in one direction and the other free end in the other, cross them and tie. Such a ligature is easily applied, remains in place as perfectly at the end of thirty-six hours as when first applied, and is a perfect hemostatic. As for the after-treatment of the cord, rejecting the methods which require the use of powders of various kinds, and unequivocally condemning the applications of oil or fat to the cord, the authors urge the adoption of the following as being the simplest and safest method: As soon as the child has been bathed, simply wrap the cord in cotton wool, lay it over the left abdominal wall, and wrap the abdominal bandage around it. Each morning, after the bath, renew the cotton, having first gently dried the cord. Under this management mummification goes on naturally and rapidly, and since its uniform adoption in the Leipzig Clinic not a single case of disease of the cord has been seen.—*American Journal of Obstetrics*.

THE FIELD AND LIMITATION OF THE OPERATIVE SURGERY OF THE HUMAN BRAIN. In a paper on this subject read at the recent meeting of the American Surgical Association, Dr. John B. Roberts, of Philadelphia, drew the following conclusions:

Cranial Fractures—Simple fissured fractures: (1) No evident depression, no brain symptoms; no operation. (2) No evident depression, but, brain symptoms; incision of the scalp and possibly trephining. (3) Evident depression, but no brain symptoms; incision and possibly trephining. (Dr. R. would be inclined to trephine if the depression was marked, or if the fissures were sufficiently numerous to make the fracture approach the comminuted character.) (4) Evident depression, with brain symptoms; incision and trephining. Simple comminuted fractures: (5) No evident depression, and no brain symptoms; incision and probably trephining. (He would trephine

unless the comminution was found to be inconsiderable.) (6) No evident depression, but brain symptoms; incision and trephining. (7) Evident depression, but no brain symptoms; incision and trephining. (8) Evident depression and brain symptoms; incision and trephining. Compound fissured fractures: (9) No evident depression and no brain symptoms; no operation, but treatment of the wound. (10) No evident depression, but brain symptoms; trephining. (11) Evident depression, but no brain symptoms; possibly trephining (the same remark applying as in the third case). (12) Evident depression and brain symptoms; trephining. Compound comminuted fractures: (13) No evident depression and no brain symptoms; probably trephining (the same remark applying as in the fifth case). (14) No evident depression, but brain symptoms; trephining. (15) Evident depression but no brain symptoms; trephining. (16) Evident depression and brain symptoms; trephining. Punctured and gunshot fractures: (17) In all cases and under all circumstances, trephining.

Intracranial Hemorrhage. Trephining for the removal of the clot and arrest of bleeding when the probable seat of the hemorrhage was ascertainable and the clot was believed to be localized.

Intracranial Suppuration. Trephining and, if necessary, exploratory punctures in all cases of abscess.

Epilepsy following Cranial Injury. Removal of a portion of the cranium in selected cases.

Insanity following Cranial Injury. Removal of a portion of the cranium in selected cases.

Cerebral Tumor. If its situation could be ascertained, and if it was probably superficial, removal of the bone and excision of the growth, if it was found.

THE TREATMENT OF ULCERATION OF THE BOWELS IN YOUNG INFANTS.—It can not I think be questioned that speedier and more accurate information as regards the effect of remedies may often be gained from the study of chronic than of acute disease, inasmuch as the same symptoms are apt to recur again and again, and the same remedies can be put to oft-repeated tests. The following case, which I have ventured to report, has given me an amount of information it might otherwise have taken years to obtain, and possibly it may prove of service to others who have cases of a like nature

under their care. According to the mother's statement the child in question had been given up by more than one physician, and I must say myself it was one of the worst cases I have ever seen recover. At the time the little one came under my charge she was two years and eight months old. She was a perfect skeleton and quite unable to sit up in the nurse's arms. She had a sallow, waxy appearance, without a particle of color about her face except a slight hectic flush upon her cheeks. She was sick whenever she took food, which consisted entirely of milk and lime-water. The bowels were moved about every four hours and the smell was perfectly unbearable. The stools consisted almost entirely of slime and pus, streaked with blood, and adhering to the bottom of the chamber vessel even when it was held upside down. The stomach was slightly distended and tender. The previous history was as follows:

She was always rather sick from birth, but was worse after she was one year old. Had an attack of diarrhea at eight months, and the urine was discolored (so the nurse says) with blood. She has always been troubled with diarrhea on and off since. The stools were at first very large in quantity and semi-solid but not slimy. When the diarrhea was at its worst, the actions occurred about every two hours, but the usual number of times was about once every four hours. The stomach was always more or less tender and distended. At twelve months old she had pains in the joints, and one knee had to be put up in a splint; both legs were much swollen. The father had had syphilis before his marriage, but was said to be perfectly well when this took place. The child was nursed for about four months, but occasionally had a bottle of Swiss milk, then on account of sickness was fed entirely on Swiss milk and Savory and Moore's food for infants till twelve months old, then all kinds of milk were tried, goat's, ass's, etc., and subsequently farinaceous food with a little Brand's essence of beef. When I saw her she was taking cow's milk and lime-water, and this was in great measure brought up as soon as it was taken into the stomach.

The indications for treatment appeared to me to give a light and easily digestible food, moreover one which after digestion would leave as little waste material as possible, to soothe the irritation of the bowels, and to improve the condition of the blood.

As a diet, therefore, I ordered two tablespoonfuls of whey, two tablespoonfuls of barley-water, and one tablespoonful of cream to be taken at each feeding, and in the course of twenty-four hours I found she managed to dispose of half a pint of barley-water, half a pint of whey, a quarter of a pint of cream, together with, later on, one and a half ounces of milk. She also took in the twenty-four hours the white of four eggs beaten up in water, four teaspoonfuls of Brand's liquid essence of beef, and two ounces of finely-minced raw meat. I ordered the body to be thoroughly oiled night and morning, the loins and stomach to be kept warm with a flannel bandage, and the feet to be well wrapped up. In order to alter the character and frequency of the secretions, I gave three times daily a mixture consisting of the following: one minim of solution of potash; eight minims of castor oil; three quarters of a minim of tincture of opium; twenty minims of syrup of ginger, and half a dram of mucilage. Then when the pus and slime began to pass away and the bowels appeared simply relaxed, I gave two grains of bicarbonate of soda; three grains of subcarbonate of bismuth; half a minim of tincture of opium; five minims of tincture of catechu; two minims of tincture of rhubarb; five minims of compound tincture of cardamoms with a little syrup and mucilage every few hours. Next, in order to improve the condition of the blood, as soon as the secretions began to improve I ordered ten minims of the concentrated syrup of the lactophosphate of lime and iron to be given in water three times daily.

The child was ordered from the start to get plenty of fresh air provided it was dry, and the rooms in which the child lived and slept were requested to be kept quite dry, and at the same time thoroughly clean and ventilated. In the course of about one and a half years the child under this treatment made a good recovery and was able to run about by herself and eat the same as any other child. The vomiting ceased almost entirely from the time that the milk was given up. Whenever the secretions became purulent and slimy the castor oil and laudanum mixture was resorted to, and the carminative and astringent one when the bowels were simply a little relaxed. The castor oil and laudanum was successful in altering the character of the secretions not simply once or twice, but on several occasions, and I have applied it since in other

cases with uniform success. As regards the lactophosphates, I can not speak too highly of them in aiding the subsequent recovery. As Dr. Dusart states, they act as general excitants of all the nutritive functions, insure digestion, bring back or increase the appetite, and generally improve the vital energies.—*F. P. Atkinson, M. D., in Practitioner.*

CULTURE EXPERIMENTS ON THE GROWTH OF THE MICRO-ORGANISMS OF DISEASE.—Dr. Harold C. Ernst, of Boston, read a paper before the American Surgical Association of the above title, from which we take the following from the Medical News:

Most of the work in this field, he stated, has been done by Rosenbach, who has demonstrated that there are several forms of micro-organisms which are invisible with the use of the older methods of staining. The discovery by Koch of the method of culture by dry culture media has enabled Rosenbach and others to cultivate and render visible many of these otherwise invisible forms. As a specimen of work which he himself had done, he exhibited cultivations from a perinephritic abscess in which two forms of micrococci were observed, one white, the other yellow (arias and albus); one of erysipelas ten days old, and one from a tumor of the leg. In the latter specimen he had found a micrococcus which differed from any that he had seen described, in that the cultivation was of a different color. To it he had given the name sepiacoccus, but did not hold to the correctness of the term, inasmuch as the color was not a pure sepia. In his cultivations, the pus from whatever source was transferred to a sterilized fluid with all the precautions possible. The culture media which he had found best suited to all purposes was the fleisch-peptone agar-agar of the Germans. The methods of culture upon this and other media were then briefly described. He closed his remarks with a description of the difference between the comma-bacillus of cholera, as described by Koch, and that of cholera morbus, chiefly in its behavior upon the gelatine culture fluid, the former liquefying the gelatine to a greater depth in the same length of time than the latter.

In conclusion, he invited the members to examine some microscopic preparations of various germs in an adjoining room.

Dr. Warren remarked that the methods of Rosenbach promised us an easy and sure method of diagnosis in many obscure sur-

gical cases. He further narrated several cases in which culture tests in the hands of Dr. Ernst had been of considerable value to him. In one instance to which Dr. Ernst had made casual reference, a tumor of the knee was incised, a small portion of the fluid or juice removed, and a cultivation of it made. The colony resulting was of a peculiar citron color, not described in the book of Rosenbach. The tumor was removed, and microscopic examination of it revealed the fact that it was an epithelioma. He did not, however, go so far as to claim that he had found the germ of that disease. He stated that he has been in the habit of late of using sterilized cotton as a dressing of all wounds, and considered it better than ordinary applications. A temperature of 150° C. had been found sufficient to sterilize several pounds of cotton in an hour.

Dr. Ernst stated that he had not intended to claim any originality for his studies, but merely to show that when carried out according to the directions given by Rosenbach, the result of such investigations proved as described in the work of that author.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department of the United States Army, from May 29, 1885, to June 6, 1885:

Major S. M. Horton, Surgeon, ordered for duty as Post Surgeon, Ft. Riley, Kansas. *Major P. J. A. Cleary*, Surgeon, ordered for duty as Post Surgeon, Ft. Lyon, Colorado. (S. O. 78, Dept. Mo., June 1, 1885.) *Major J. M. Brown*, Surgeon, assigned to duty as Post Surgeon at Ft. Omaha, Neb. *Captain Louis Brechemin*, Assistant Surgeon, relieved from duty at Ft. Omaha, Neb., and assigned to duty as Post Surgeon at Ft. D. A. Russel, Wyoming. (S. O. 49, Dept. Platte, May, 29, 1885.) *Captain F. C. Ainsworth*, Assistant Surgeon (Dept. Texas), ordered for temporary duty in Dept. Mo. (S. O. 58, Dept. Texas, May 25, 1885.) *Captain Joseph Y. Porter*, Assistant Surgeon, granted leave of absence for six months on account of disability. (S. O. 126, A. G. O., June 3, 1885.) *Captain Wm. B. Davis*, Assistant Surgeon, granted leave of absence for one month, from May 25, 1885. (S. O. 122, A. G. O., May 28, 1885.) *First Lieutenant R. L. Robertson*, Assistant Surgeon, leave of absence extended one month. (S. O. 123, A. G. O., May 29, 1885.)

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service for the week ended June 6, 1885.

Wyman, Walter, Surgeon. To inspect unserviceable property at Baltimore, Md. June 6, 1885. *Carter, H. R.*, Passed Ass't. Surgeon. To inspect unserviceable property at San Francisco, Cal. June 6, 1885. *Battle, K. P.*, Assistant Surgeon. To inspect unserviceable property at New Orleans, La. June 6, 1885.

THE
LOUISVILLE MEDICAL NEWS.

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Original.

TREATMENT OF THE SECUNDINES IN
ABORTION AND IN LABOR.*

BY W. H. WATHEN, M. D.

*Professor of Obstetrics and Diseases of Women and
Children in Kentucky School of Medicine;
Gynecologist to the Louisville City
Hospital.*

The management of the membranes in abortion and in labor has recently received a good deal of attention by the medical profession of this country and of Europe, with a very marked improvement in the treatment. Still we are very far from being united upon any one course of practice; some physicians adhering to the purely expectant treatment; some practicing the immediate removal of the membranes, while others adopt a system intermediate between these.

We can not, in the time allowed, consider this subject in detail, but hope to make some practical suggestions, based upon experience and observation in the treatment of these cases.

We will first speak of the membranes in abortion at the different periods of pregnancy, from the beginning to the end of the seventh month, and then of the membranes in premature labor, and in labor at term. That we may treat abortion intelligently and scientifically, we should fully understand the formation and the relations of the fetal and the maternal membranes, as the treatment indicated at one period of pregnancy may be contra-indicated or unnecessary at another.

In an excellent paper by Dr. David Ingles, of Detroit, in the April number of the American Journal of Obstetrics, the following appears: "During the first two months of gestation the fetus and the placenta are so

intimately bound together that an abortion at that period usually means that when one is expelled the other must be also."

Every physician should know that in the first and second months of pregnancy there is no placenta, and that in abortions before the eighth week the fetus is surrounded only by the amnion, the chorion and the decidual membranes, and that the formation of the placenta proper begins at the decidua serotina about the end of the second or the beginning of third month; until this time the fetus is nourished through the villi of the chorion which enter alike into all parts of the decidua reflexa. In abortions prior to this date there is no placenta to remove, and the membranes, if retained, are generally innocuous, and will soon be separated and expelled without causing hemorrhage, inflammation, septicemia, or any sort of polypoid formation; nor will involution or convalescence be interfered with. If these membranes can be reached by the finger in the vagina and removed with comparative ease, they should be taken away to avoid possible trouble, but when they can not be removed without introducing the finger or instruments into the uterine cavity they had better be retained. I have seen no ill effects from this practice. In cases where serious results and death have been reported from the retention of these little membranes, I suspect the pregnancy had continued long enough for the formation of a placenta.

In abortions from the beginning of the third to the end of the seventh month with retained placenta, with the os dilated or firmly contracted, the membranes should be immediately removed when we are convinced that nature will not do so within thirty to sixty minutes; for if not expelled in this time we are unable to form an intelligent idea of how long they may be retained, or when some complication may arise. The advocates of waiting for nature in these cases are illogical, and the practice

*Read before the Section on Obstetrics and Diseases of Women, of the American Medical Association, April 28, 1885.

has cost the lives of many women. We can argue with more consistency against any interference in the first or second stages of abortion or labor, for as the dangers of complications from delay are greater in the second than in the first stage, so also are the dangers from delay in the third stage greater than those of the second. When nature fails to do her part promptly and perfectly we should assist just as in any other abnormal condition of the system.

We might say, with equal propriety, that chloroform or the forceps should never be used in labor. A retained placenta may be expelled at any time without serious results, but it is sometimes retained for months, and until expelled the woman's life is constantly in jeopardy from hemorrhage, inflammation, septicemia, etc. Medical literature contains numerous instances of serious complications, and of death from a retained placenta in abortion; and doubtless most physicians who enjoy a large practice have had similar experiences. I have seen many cases of uterine disease caused by retained membranes; one woman died, and several others narrowly escaped death. The immediate removal of the secundines tends to prevent these complications without substituting others in their stead. With the proper facilities, and with reasonable degree of care the removal of the membranes with the finger, or even with instruments, will seldom be followed by any bad results, nor do I remember instances in my experience, or in medical literature, that contravenes this opinion. I can see no excuse for delay; the complications of the expectant treatment are nearly always more serious than those following the immediate removal of the membranes.

The operation is not usually difficult, and if done without delay the os will generally be enough dilated to admit the finger or the curette. But if the os is contracted it can be easily dilated to admit the finger, etc. If this can not be done by the finger we can use a large metallic dilator—such as my modification of Leonard's*—which is preferable to any kind of tent. With the finger we can separate the membranes and remove them from the uterine cavity without inflicting injury more easily than by other means. The finger can often be introduced to the fundus by pressing down the uterus from above, or by drawing it down with a vulsel-

lum; but the hand may be introduced into the vagina, when the finger or fingers will easily reach to all parts of the uterine cavity.

There may be a few cases in primipara in the early part of pregnancy when the introduction of the hand into the vagina might lacerate its walls. Then we may remove the placenta with the curette and the placental forceps. There should be no excuse that we have no curette—in default of any thing better, one can be readily improvised by using a copper or iron wire bent upon itself in a bow, after the fashion of this I show you. It can be made of any size, and will serve our purpose nearly or quite as well as those handsomely manufactured.

The fetus may be expelled with the amnion intact, but the chorion, the decidua, and the placenta are retained. We may fail to understand this condition or to treat it successfully, for most of our text-books do not sufficiently explain it. Most authors teach that when the fetus is expelled in an unbroken amnion the entire product of conception is usually expelled with it. This is not correct. I have had several cases of abortion, at three or four months, where the sac was expelled intact with the placenta retained; and Dr. Sawyer reports a similar case in an abortion at five months. This occurs before the amnion and the chorion are firmly united, the cord being severed between the amnion and the chorion without in any way interfering with the integrity of the amnion around the fetus. We should examine carefully into these cases to see if pregnancy has not continued more than two months, as we can not be always guided by the opinion of the patient. Women are often unable to state with much accuracy the date of impregnation. Nor can we tell positively the date of conception from the size or length of the embryo. I have seen an embryo not more than an inch long with a placenta one and a half inches in diameter.

Authors are not agreed as to the best treatment of the third stage of premature labor, or of labor at term. Some recommend the purely expectant treatment, and will use no means to remove the placenta, though it be retained for hours or for days. I have no respect for the opinion of those who advocate this treatment. They destroy their own arguments, for while they have no concern about a retained decomposed placenta, they see great imaginary dangers from the retention of a few membranes occasionally

*This dilator is manufactured by Messrs. Tafel Bros., of Louisville, and is superior to any other instrument that I have seen for rapid dilatation of the cervix in abortion or at other times. It can be had at about one third the cost of Ellinger's.

left in the uterus after expression. Argument is unnecessary.

When the placenta is not expelled within thirty minutes after the birth of the child, we should then assist nature in getting rid of it. It may not be necessary to do more than to induce contraction by gentle kneading or massage over the uterus. But it is safe treatment to place a hand over the uterus immediately after the expulsion of the child to see that contraction occurs. If there is a tendency to relaxation and hemorrhage, the uterus should be firmly kneaded until it contracts. I do not believe there is any thing gained, where there is no complication requiring it, to attempt the removal of the placenta by a *vis a tergo*, or a *vis a fronte*—by expression or drawing upon the placenta or cord, singly or combined—until twenty or thirty minutes after the expulsion of the fetus.

It is true that Credé reports that he removes the placenta in four and a half minutes after the birth of the child with almost universally good results; but this treatment is unnecessary, may prove prejudicial to the interests of the woman, and will never be generally adopted. Garágués reports over four hundred cases where the placenta was removed by expression within ten to twenty minutes with excellent results. Those who oppose expression, and those who picture great dangers from pulling upon the placenta, draw conclusions not sustained by facts. But drawing upon the cord is unscientific, and puts the placenta in an unnatural shape that tends to obstruct its delivery. It folds it upon its maternal service, like an inverted umbrella, and presents its longest diameter in the os, while nature expels it folded upon its fetal service with its shortest diameter in the os. It is more scientific to introduce the fingers or the hand into the vagina and draw upon the presenting edge of the folded placenta. If it is not adherent, it can in this way be easily removed and inflict no injury upon the uterus; but if adherent, the hand should be introduced into the uterus and separate and remove the placenta. There is no impropriety in supplementing this force with expression, or in supplementing expression with this. The proper treatment is to express during contraction with one hand and to pull gently on the placenta with the other. There is no danger of inverting the uterus, or of injuring it, by either or both of these means, if carefully and scientifically practiced. If the uterus becomes indented by expression or

drawing, the hand upon the abdomen or the hand in the vagina would promptly detect it and prevent inversion.

Hemorrhage in the third stage of labor is not controlled entirely by the general muscular contraction of the uterus and by the contraction of the muscular fasciculi surrounding the uterine vessels, but also by the formation of coagula in the utero-placental vessels. If we remove the placenta by expression or by pulling within less than fifteen to thirty minutes after the birth of the child, it is probable that coagulation may not be complete. Where the placenta is firmly adherent, and there is a tendency to tonic spasm of the entire uterus, or in cases with irregular and firm contractions of the circular fibers about the neck, imprisoning the placenta, we should immediately introduce the hand into the uterus and separate and remove the membranes. Delay is dangerous and often increases the difficulty.

I have recently had two cases of tonic spasm of the whole uterus; the first with adherent placenta, which I promptly separated and removed. I was called at noon to see the other patient, who was delivered at ten o'clock the preceding night. The attending physician told me that the uterus contracted firmly as soon as the child was born, and that he could not get the placenta away. The bladder was enormously distended with urine, and the uterus was in a state of tetanic spasm, aggravated by the persistent use of dram doses of fluid extract of ergot. It could scarcely be indented through the abdominal walls, and the point of the finger could not be introduced into the os. The pulse was 100 and the temperature 101°. Fearing that an attempt to remove the placenta would not only be unsuccessful, but would also endanger the uterus, we delayed our efforts until four o'clock P. M., but stopped the ergot and gave morphine hypodermically. When we returned the uterus was less firmly contracted and the os more patulous, but very hard to dilate. Her pulse was 130, temperature 104°. She was thoroughly chloroformed and the os enough dilated to enable me to get hold of the edge of the placenta and remove it. She was free of fever the next morning and made a speedy recovery.

The hands and instruments used in removing the placenta should be thoroughly cleansed and disinfected before they are introduced into the vagina or the uterus. All instruments should be immersed in boiling

water. If we practice all necessary precautions, and remove the membranes with care, the dangers from direct violence and from septicemia would be reduced to a minimum.

Dr. James R. Chadwick, of Boston, said he indorsed the views expressed by Dr. Wathen, but that no rule could be formulated applicable to all cases. In abortions, before the formation of the placenta he regarded the history of the case, and if the woman was a "bleeder" he immediately removed the decidual membranes. He never allowed a placenta to be retained. He had never seen a placental forceps that was of the slightest value. The finger was the best dilator and the best instrument to remove the membranes.

Dr. Green, of Kentucky, pursued the immediate course, and narrated the history of a case in which he removed the retained membranes in an abortion at four months.

Dr. Sinclair, of Boston, thought the secundines ought to be removed at the earliest possible moment, and agreed with the author of the paper and with Dr. Chadwick, that manual dilation of the cervix is the best method. When the os is contracted, the fibers will usually yield to the finger, in from six to eight minutes. Dr. Carroll, of Texas, was in favor of the immediate removal of the membranes, and thought that the retention of decidual shreds, or a small clot of blood, may cause alarming hemorrhage. He would not hesitate to use a metallic dilator, but thought the finger a better instrument.

Dr. Wathen closed the discussion by saying that he advised the use of his modification of Leonard's dilator only in extreme cases in which the finger had been employed without effect.

SURGICAL DRESSINGS.*

A Plea for the Early Abandonment of Dressings in the Treatment of Fractures of the Extremities and their Joints.

BY EDWARD VON DONHOFF, A. M., M. D.

It is my intention to briefly present a matter in illustration of which I have had something to say on several former occasions, when cases that were accessible for purpose of public demonstration occurred in my practice. So far as I have had facility for looking up the literature of the subject, it appears that, either having tried (?) the

method of which I propose to speak, "authors" have been disappointed by the results, or, not having hit upon it at all in their practical or theoretical speculations, have had nothing to say of it. It seems somewhat remarkable, too, that surgical teachers, especially those who have personally investigated nature's *modus operandi* of the repair of fractured bones, should not, long since, have adapted their treatment of these injuries to her laws, which are so well calculated, when but slightly and wisely directed, to expedite and perfect cures in a way to fill at least the inexperienced in this matter with amazement. By the inexperienced I do not mean the tyro, nor do I use the expression as in any way suggesting an absence of knowledge of current surgical laws of practice; but rather refer to those who, upon the mere presentation (?) of a single or even several exemplars of success, still hesitate to follow the lesson imparted, though the foundation for such a following be as demonstrable as a simple proposition in addition. I could wish, for the sake of the general benefit which it is intended to accomplish, that some one else, high in authority, had inclined to speak long ago of the better, nay, brilliantly better results to be secured by the "early abandonment of dressings in the treatment of fractures," as compared with those obtained by the methods yet taught *ex cathedra*.

In one of the most recent editions of English surgery (that of Erichsen), under the head of "Fractures," occurs a concise but perfectly complete, for practical deductions, description of the process of repair after fracture of bones. Following this paragraph is the usual formula for treatment, and appended to this a vast array of splints, etc., and their complement of implied warning against premature (?) interference with what, in my humble estimation, constitutes the true bane of the subjects of this class of injuries. I refer to the overlong maintenance of "fixation," and the resultant temporary or permanent evil wrought thereby. As one looks over the field it would seem as if the very common occurrence of fractures had, contrary to what might fairly be expected, contributed but little, as evidenced by generally indorsed rules of practice, to a proper relationship of advancing, practicable knowledge and methods of treatment. It is true that surgeons no longer "bleed" to facilitate reduction of a dislocation, or give sixty-grain doses of calomel, and other vaunted antiphlogistic medication, as a part

*Synopsis of a lecture delivered before the Louisville Medical Society, June 18, 1885.

of the approved treatment of fractures, but it is true also that limbs are confined in apparatus until the joints above and below the seat of fracture are stiffened and useless, and until the muscles are atrophied. It is also true that it is almost if not quite the expected thing that a joint, after fracture involving it, should become ankylosed, or at best be permanently and seriously modified in its usefulness.

It is but fair to "surgery" and *surgeons* to add that much of this character of lamentable error is found outside their proper rank, but enough—a great deal—issues from hospitals and high places among general practitioners and surgeons to set the investigator agog. The deepest sense of active pity for the sufferers is the proper fruit of scientific inquiry into the causes; and this leads, in this instance, to a proper selection of means to the end desired. A more general application of these must avoid many lifetimes of travail for humanity and chagrin to practitioners.

The healing of a fractured human bone is, under ordinary circumstances, practically completed in five weeks; and perfectly so in as many months. But the fixation of the fragments is accomplished much earlier—ten to fourteen days—and this fact is quite sufficient to constitute a safe stepping-stone for the departure from former methods of treatment, which will be here advocated, based, as it is, upon a gratifying experience. Ten or fourteen days suffice for the perfect establishment of a firm ensheathing callous; in other words, for the formation of a secure protection for the furtherance of subsequent natural processes of repair. It follows then that *mechanical* ap-purtenances are no longer essential, except as guards against violence, and, as will be shown, are positively harmful to the later management of the case, if unduly brought into requisition. In young adults the first four or six days are devoted by nature to the readjustment (after fracture) of injuries to the soft parts, and to the development of a plasma which consists, in part, of the residuum of the extravasated blood, in part of contiguous shreds of the soft parts, and of new adventitious cellular elements. The periosteum is no longer distinctly traceable in the immediate vicinage of the "break," but has melted into the pultaceous mass by which it is surrounded. No effort at "fixation" is yet apparent. During this first reparative stage fixation (quiet) is necessary to prevent pain, caused by continued wound-

ing of soft parts by bony points, and a tendency to displacements by muscular contraction.

The second stage of repair is itself mechanically protective against further injury. It consists in the condensation (hardening) of the mass before described, and the formation of a distinct ensheathing capsule, which envelops it—fusiform in shape—and is continuous with the true periosteum contiguous to the newly formed membrane (?). At the end of, variably, the eighth, ninth, tenth, or, at farthest, fourteenth day, this natural fusiform splint is sufficiently strong to permit quite brusque handling of the limb under observation.

An irresistible desire led me to examine conclusively for my purpose all cases of fracture, especially of the long bones, which have come under my treatment during the past ten years, with a view to determining the exemplification last stated above, and it has in turn induced me to base my treatment during the past six years upon the data thus derived. My success has been so uniformly gratifying to my patients and myself that I can not but feel congratulated upon the temerity exercised in the previous studies. My list of cases embraces subjects as young as four months and as old as eighty years, the intermediate ages being fairly represented also.

Treatment and Illustrative Cases. My treatment with fixed apparatus differs only from others in that I most prefer for the first dressing, if accessible, strips of proper width—not to exceed four inches, even for the thigh—made of sole-leather and dipped in hot water. In addition *absorbent cotton* and the necessary rollers.

This dressing is made to include, for the purpose of "resting" rather than "fixing," neighboring joints in fractures of the extremities. The position of the limb as a whole is adapted to the complete relaxation of its muscles, and the bandage is put on snugly but not tightly. At the time of the first dressing a perfect adjustment of the fragments is attempted and secured if at all possible. The dressing is then permitted to remain undisturbed, unless unlocked-for symptoms arise, until the sixth day. Now this is replaced by a single sheet of suitably-measured and cut leather, into which the limb is, after the most careful examination, placed and confined during the ensuing six or eight days, at the end of which the case-ment is kept removed during the day time, and adjusted again at night to prevent pos-

sible accidents during the involuntary motions of the sleeper. After the eleventh day passive motion of all the joints of the extremity is practiced daily and the patient is desired to make voluntary efforts. [*Particular stress is laid upon this direction, as regards surgeon and patient, in cases of fracture of any of the joints of the extremities.*] After an average period of thirty days from the date of injury, the patients are dismissed with useful and perfectly physiologically mobile limbs. Nor does there seem to be any diminution in size, denoting muscular atrophy. [There are special emergencies of a diathetic and traumatic (compound fractures) character in which the good sense of the surgeon must suggest modifications of the above-described conductment of cases in general.]

The following list of cases is offered without especial comment for want of sufficient space. The plan of treatment observed in each corresponds with the spirit of the rule laid down in the foregoing text-matter. Simple fractures of the shaft I have deemed it unnecessary to mention, except in one instance which was properly a "re-fracture" after a bad form of union and ankylosis of wrist and elbow (fibrous) after the *ordinary* treatment.

CASE I. Fracture of the internal tuberosity of the left femur. Man, aged forty years. Dr. J. A. Ochterlony's patient. Dismissed in four weeks.

CASE II. Fracture of the neck of the humerus. Lady, aged thirty-seven years. Dr. Henderson's patient. Dismissed in thirty days.

CASE III. Colles's fracture. Old lady, aged eighty-five years. Dr. Samuel Brandeis's patient. Dismissed in four weeks.

CASE IV. Colles's fracture. Old lady, aged sixty-four years. Dr. W. Talbot Owen's patient. Dismissed in four weeks.

CASE V.* Comminuted fracture of the left elbow. Boy, aged fifteen years. Dismissed in twenty-eight days. Dr. S. B. Mills's patient. Dismissed in twenty-four days.

CASE VI. Intracapsular fracture of the left hip-joint. Patient aged fifty years. Dismissed in five weeks. Dr. S. Manly's patient.

CASE VII.* Comminuted fracture of the

*These cases were dressed at an angle of 125° , a point midway between complete extension and flexion. Both recovered perfect usefulness of the joint injured. Each was able to complete extension and nearly complete flexion at the end of three weeks, voluntarily, not a sign of stiffness even occurring during or after treatment of the shoulder, wrist, or finger-joints. Throughout the time succeeding the tenth day it is my custom to encourage the patient to turn about a round object with the fingers of the injured arm.

right elbow and fracture of the shaft of the right humerus and ulna. Boy, aged nine years. Exhibited to the Medico-Chirurgical Society on the twelfth day after injury, having at that time "motion" both voluntary and passive. Dismissed in twenty-eight days.

CASE VIII. Osteotomy femoris, for ankylosis of the left hip, following morbus coxarius. Shown to Medico-Chirurgical Society in fourteen days, when the patient, aged twelve years, could take a few steps and could swing the limb, resting the body on the sound one. Dismissed, walking, in thirty days.

CASE IX. Osteotomy (bow-legs) both bones of the legs. Child, aged three years. Shown to Medico-Chirurgical Society, and dismissed in three weeks.

CASE X. Fractured fore-arm. Infant in arms. Dismissed in three weeks. Shown to the College of Physicians and Surgeons, Louisville.

CASE XI. Re-fracture of the fore-arm in consequence of malposition incident to imperfect treatment. Child, aged eight years. Patient (formerly) of Dr. H. F. Dismissed in three weeks with a straight arm.

LOUISVILLE, KY.

Miscellany.

IN the May issue of the *Annals of Surgery*, Dr. L. A. Stimson gives the history of a case of fracture of the patella, and describes a new apparatus with which the case was successfully treated. The case was one of transverse fracture. The instrument consists of a flat bar of iron about three inches in length, and at one end is provided with two prongs bent at one half right angle, which are one inch in length and three fourths of an inch apart. Between the prongs is a fastened loop of rubber tubing, and a similar loop is attached at the other end of the instrument. The former is intended for purposes of traction, and the latter to permit the proper and secure fastening of the whole to the thigh. The prongs are pushed into the upper fragment; this being forced in contiguity with the lower, the instrument is held in position, as the attachments readily suggest, with bandages above and below.

AT the recent meeting of the American Climatological Association Dr. William Pepper, of Philadelphia, was elected President.

KENTUCKY STATE MEDICAL SOCIETY.—The thirtieth annual meeting will be held at Crab Orchard, Ky., on Wednesday, Thursday, and Friday, June 24th, 25th, and 26th. The following is the order of exercises:

Society called to order by the President.

Prayer.

Report of Chairman of Committee of Arrangements.

Reading of minutes.

Report of Permanent Secretary.

Report of Treasurer.

Annual address by the President.

Reports of Standing Committees.

On the Practice of Medicine; William Bailey, M. D., Louisville.

On General Surgery; J. M. Mathews, M. D., Louisville.

On Orthopedic Surgery; Ap Morgan Vance, M. D., Louisville.

On Surgery of the Genito-Urinary Organs; A. W. Johnstone, M. D., Danville.

On Abdominal Surgery; J. H. Letcher, M. D., Henderson.

On Gynecology; Louis S. McMurtry, Danville.

On Obstetrics; Andrew Seargent, M. D., Hopkinsville.

On Ophthalmology; Dudley S. Reynolds, M. D., Louisville.

On Otology; W. Cheatham, M. D., Louisville.

THURSDAY, JUNE 25TH, MORNING SESSION.

Reading of minutes.

Executive and miscellaneous.

Report of Committee on Nominations.

Reports of Standing Committees.

On State Medicine; J. W. Holland, M. D., Louisville.

On Vital Statistics; J. W. Harwood, M. D., Shelbyville.

On Materia Medica; T. J. Townsend, M. D., Bowling Green.

On Pharmacy; J. P. Thomas, M. D., Pembroke.

On Susceptibility of Idiots to Eruptive Diseases; J. Q. A. Stewart, M. D., Frankfort.

On Diseases of Children; J. A. Larrabee, Louisville.

On Necrology; Lyman Beecher Todd, M. D., Lexington.

Voluntary papers.

Laparotomy, report of case; A. Dixon, M. D., Henderson.

Therapeutic Value of Local Agents in Treatment of Diseases of the Eye; M. F. Coomes, M. D., Louisville.

AFTERNOON SESSION.

Sanitary Legislation; J. M. McCormack, Bowling Green.

Excision of Tibia and Right Fibula; J. G. Carpenter, M. D., Stanford.

Neuro-retinitis Albuminurica, illustrated with Magic Lantern; W. Cheatham, Louisville.

To Whom is the Human Race Indebted for the

Science of Medicine? J. Rawlins, Scott County.

Strychnine and Mercuric Bichloride in the Treatment of Phthisis; T. D. Finck, M. D., Louisville.

Paper, title not given; W. H. Wathen, M. D., Louisville.

Instruments devised to Facilitate Tracheotomy; Frank C. Wilson, M. D., Louisville.

Excision of Cancer from the Rectum; J. M. Mathews, Louisville.

Insanity; Orpheus Everts, Cincinnati Sanitarium.

Primary Lateral Sclerosis of Spinal Cord, illustrated by magic lantern, microscopic, and photographic views; J. B. Marvin, M. D., Louisville.

Fracture of the Neck of the Femur; P. S. Connor, M. D., Cincinnati.

FRIDAY, JUNE 26TH, MORNING SESSION.

The Treatment of Cross Eyes; R. Maupin Ferguson, M. D., Louisville.

Limited Fractures of the Vault of the Cranium; N. P. Dandridge, M. D., Cincinnati.

A Ready Method for the Analysis of Potable Water, with Experiments; J. A. Tanner, M. D., Louisville.

Wounds of the Anterior Segment of the Eyeball; J. Morrison Ray, M. D., Louisville.

Herniotomies; W. O. Roberts, M. D., Louisville.

Mastitis; John G. Cecil, M. D., Louisville.

The Importance of the Early Diagnosis of Tubercular Diseases; F. C. Wilson, M. D., Louisville.

In the Annals of Surgery for May an interesting case of pelvic injury is reported by Dr. L. P. Grener. A young man sustained a fracture of the thigh which was supposed to be uncomplicated by any other injury, though "there seemed to be undue prominence of the hip, but no dislocation could be detected." It subsequently developed that the patient also suffered from a separation of the sacro-iliac articulation. Great pain in the back and undue prominence of hip were the only subjective symptoms noticed. Patient recovered after a stay of nine months in hospital, meanwhile having sustained two additional successive fractures of the same thigh.

THE annual meeting of the Mitchell District Medical Society will be held at Mitchell, Indiana, Thursday and Friday, June 25th and 26th.

THE eleventh annual meeting of the American Neurological Society was held in New York City, June 17th, 18th, and 19th instant.

"Never send patients in the advanced stage of phthisis, if the disease is in active progress, far from home to seek health."

The Louisville Medical News.

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H. A. COTTELL, M. D., - - - - - Editor.
J. MORRISON RAY, M. D., - - Assistant Editor.

COLLABORATORS:

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THE NEW TREATMENT OF HAY FEVER.

Of the many evidences of advancement which mark this era of progress in medicine none is more significant or promising of beneficent results than certain facts elicited by recent studies relative to the nature and treatment of hay fever.

Sufferers from this disease have been and are numerous and ever on the increase, while the skill of the most accomplished physicians has heretofore been inadequate to its prevention, mitigation, or cure—the doctors agreeing, without dissension, that it is a most obstinate and obscure disease.

When the season for its annual recurrence gives sign of near approach, such victims of the disease as may have the means for travel are sure to betake themselves to one of the many summer resorts, which are far-famed as places of refuge. On the other hand, such wretches as may be too poor to flee, are compelled to suffer a train of symptoms which are not only of themselves tormenting, but eventually lead to chronic asthma, with its emphysema, impeded pulmonary circulation, and dilatation of the right heart.

The etiology and pathology of hay fever

have been studied most assiduously, but, till quite recently, no observer has been able to throw any direct light upon its origin or nature.

Dr. Beard, in his well-known monograph upon this disease, comes, after careful and extended study, to the conclusion that it is neurotic in origin, but that a special or predisposing tendency must exist in the person attacked. Helmholtz, Salisbury, and Cutter have traced its source, as they think to a micro-organism.

The popular belief has always been that the disease is engendered through the inhalation of pollen from certain plants, this view being strengthened by the fact that hay fever occurs most frequently at a season of the year when many plants are in blossom, the air at the time being loaded with pollen grains which the winds and the insects are scattering on every hand. This condition of the air is known to bring on the attack in some individuals, while it is also observed that all specific symptoms disappear if the patient be removed from the presence of the offending particles. But all former theories of the causation of hay fever were defective (as has been clearly pointed out by Roe),* in that they did not take into consideration the local condition of the nasal chamber.

Attention seems first to have been attracted to lesion or derangement in the nasal walls as a possible cause of this disease by Daily, of Pittsburgh, who observed that certain cases of chronic nasopharyngeal catarrh, with hypertrophy of the turbinated tissue, were complicated with hay fever, and that in removing the hypertrophies for the cure of the catarrhal condition the fever was also cured. Later this fact was developed with full emphasis by Dr. Roe, of Rochester, N. Y., who, in a paper read before the New York State Medical Society, showed conclusively that by the removal of the hypertrophied cavernous structure of the turbinated bodies, attacks of hay fever in persons

*N. Y. Medical Journal, May 12 and 19, 1883.

subject to the disease could be forestalled. Some cases of the disease, however, showed no hypertrophy of the turbinated tissue, but in these a careful search of the nasal cavities revealed a sensitive spot, which, on irritation, excited reflex symptoms simulating the hay fever paroxysm. It was further found that by destroying this sensitive area, that the victims of the disease were given full immunity from their wonted annual attacks.

Since attention was thus forcibly directed to the nasal cavities as the seat of the specific lesion in hay fever, evidence of the soundness of the theory has rapidly accumulated.

The latest and most conclusive testimony to the point may be found in an essay read before the Philadelphia Laryngological Society, by Dr. Chas. E. Sajous. This author claims that the following conditions are essential to the production of this disease: (1) An external irritant. (2) A predisposition on the part of the system to become influenced by this irritant. (3) A vulnerable or sensitive area through which the system becomes influenced by the irritant. This brings into harmonious accord the only rational views which have so far been held as causative in hay fever, namely, the pollen, the neurotic, and the local theories.

Mackenzie, by a series of experiments on numerous hay fever subjects, was able to locate a sensitive area at the posterior end of the inferior turbinated bone, with another on the septum opposite this point. By irritation of these spots numerous reflex phenomena were induced.

Sajous has further found a similar spot situated in the partition of each nasal cavity, near the anterior boundary of the vestibule. This, he claims, is an exceedingly sensitive area, which by irritation will produce intense itching and lachrymation in hay fever subjects.

In the treatment of numerous cases this surgeon has been so uniformly successful that he now maintains that by the removal of all hypertrophies and other obstructions from

the nasal passages, and by cauterization of the hyperesthetic areas, the "medium of communication between the external irritants and the systemic dyscrasia is removed, and a paroxysm of 'hay fever' becomes impossible." He further claims that while treatment should be commenced at least six weeks before the onset of the expected paroxysm, the disease may be modified or held in check by the thorough carrying out of the above-described measures during its course.

To thousands of sufferers there can be offered no greater boon than is couched in the promise of a certain cure for hay fever, a Nemesis whose avenging humor obeys the law of periodicity with unerring accuracy, and whose return with each revolving year, armed with new terrors for the victim of her pursuit, has successfully defied all measures heretofore devised for her defeat, the only alternatives of the persecuted person being incontinent flight or unprovoked punishment.

That the successful treatment of hay fever is now within the reach of all seems not to admit of reasonable doubt. By the removal of all offending growths from the nasal passages and the complete destruction of the sensitive areas, which, since the introduction of cocaine, may be accomplished without discomfort to the patient, success would seem to be assured in every instance. If therefore in a given case relief be not secured, it is almost certain that the operative means employed will be found to have come short of that radical execution which in the opinion of the authors quoted is the *sine qua non* of successful treatment.

THE cholera seems to be spreading in Spain. Newspaper accounts state that it has reached Madrid and has caused a stampede among the inhabitants. Up to the middle of May the number of cases was estimated at four hundred, with about one hundred and forty deaths.

Bibliography.

Hay Fever and its Successful Treatment by Superficial Organic Alterations of the Nasal Mucous Membrane; an essay read before the Philadelphia Laryngological Society, April 24, 1885. By CHAS. E. SAJOUS, M. D., Instructor of Rhinology and Laryngology in the post-graduate and spring courses, Jefferson Medical College, etc., illustrated with thirteen wood engravings. Philadelphia: F. A. Davis, Attorney, Publisher, No. 1217 Filbert Street. 1885.

This little volume of 103 pages presents to its readers the latest advances made in the pathology and treatment of this disease. The author, from a study of forty cases, believes that there can be no doubt that we have at last found the method of relieving one of the most obstinate of diseases. He has found three sensitive areas, which, by cauterization, will remove the susceptibility to the attacks. In speaking of these he says that the posterior area is principally implicated when reflex asthma is the most prominent symptom of the affection; that the anterior area is implicated when the head symptoms are alone present. When the symptoms are both present then both areas are implicated. The treatment advocated is thorough removal of all hypertrophies and destruction of the sensitive spots.

J. M. R.

A Guide to the Diseases of Children. By JAMES FREDERICK GOODHART, M. D., F. R. C. P., Assistant Physician to Guy's Hospital, Lecturer on Pathology in its Medical School. Physician to the Evelina Hospital for Sick Children. Revised and edited by LOUIS STARR, M. D., Clinical Professor of Diseases of Children in the Hospital of the University of Pennsylvania; Physician to the Children's Hospital of Philadelphia: P. Blakiston, Son & Co., 1012 Walnut Street. 1885. Cloth, \$3.00.

The literature on diseases of children is daily increasing, thus keeping pace with the rapidly-growing importance of the subject. Dr. Goodhart's book has several features which commend it to the profession, and, as he says in his preface, he has "filled up a gap that seemed to exist in books on this subject." The chapters on Diet of Children in Health, on Diet Diseases, and on Heart Diseases in Children, discuss at length many valuable points which in most works on the subject are but briefly touched. The addition of an Appendix of Formulæ containing many standard prescriptions used by the author is an improvement that will be appreciated by the younger practitioners.

There are some subjects upon which we think the author has been too brief, notably that of cholera-infantum, a disease that is worthy of full consideration, especially in this country, where its proportionate rate of mortality is so great. The subject is disposed of in a little less than three pages.

The book is interlarded here and there with suggestions by its American editor, Dr. Starr, which add much to its value to Americans. We mention one instance as an example, viz., where Dr. Goodhart recommends as food for infants while traveling, "milk boiled and corked tight in soda-water bottles," Dr. Starr makes the timely suggestion that condensed milk is far superior.

Taken as a whole, the book is a valuable addition to the literature of pediatrics, and we predict for it an extensive demand.

R. B. G.

Experimental Researches on the Cicatrization of Blood-vessels after Ligature. By N. SENN, M. D., of Milwaukee, Wis. Transactions of the American Surgical Association. Vol. II. 1884.

Very flattering and thoroughly deserved press notices have appeared in reference to this excellent monograph, the special features of which are, first, the exhaustive style in which the matter of both arterial and venous ligation is treated, and next the long series of practical experiments, which have been made in a manner plainly evincing the indefatigable character of the author. The biographic references are numerous and full. The manner of presenting it rather than the matter proper of this monograph is peculiarly deserving of praise. While the author does not present any thing quite new, he offers distinct proof of his tenets. We quote the following from the closing remarks as fully illustrating the purport of the paper: "I put the greatest stress on the rendering of every kind of ligature aseptic, consequently we avoid the necessity of suppuration. It is possible and necessary in using several ligatures to render them aseptic. I placed, also, stress on the behavior of ligatures, not capable of being absorbed, on the tunics of the vessels. I claim for the animal ligature that it answers all the purposes of a temporary ligature; that is, it answers the purpose of a hemostatic until closure of the vessel can take place, and to do that a ligature, which is found perfectly reliable and is substituted by healthy tissue, possesses qualities which can not be possessed by all. Catgut liga-

ture is an effective ligature in every sense of the word. The other materials, more particularly that form which is not amenable to absorption, invariably produce division of the tunics of the vessels." . . . "I have also placed stress upon the importance of antiseptic precautions in ligating any vessels, but more particularly in operating on veins. Secondary hemorrhage is almost always the result of inflammatory changes at the seat of operation. Any thing which will avoid an undue amount of inflammation, or prevent suppuration, will secure primary union of the wound and closure of the vessel."

E. V. D.

A Practical Treatise on Nasal Catarrh and Allied Diseases. By BEVERLEY ROBINSON, A. M., M. D. (Paris), Clinical Professor of Medicine at the Bellevue Hospital College, New York, etc. Second edition; revised and enlarged; with one hundred and fifty-two wood engravings. New York: Wm. Wood & Co. 1885.

The second edition of this excellent book is presented to the public considerably enlarged. The additions consist of five chapters embracing the following subjects: Aural Complications of Catarrhal Inflammations of the Nose; Deflections of the Nasal Septum and Bony Obstructions of the Nasal Passages; Ulcerous Coryza; Adenoid Vegetations at the Vault of the Pharynx, and Mucous Nasal Polypi. Besides these, the text has been revised and new wood-cuts inserted.

In the introductory it is maintained that the majority of the profession attribute all discharges from the nose to be the result of "catarrh." Owing to this fact, "confusion takes place, and faulty medication is adopted." Chapter III is devoted to a description of the anatomy, physiology and pathology of the nose and its mucous lining; chapters IV, V, and VI, to a description of nasal instruments and their manner of application; chapter VII treats of the prophylactic measures to be used in acute coryza. In treating chronic coryza he maintains that the spray should be used only as a cleansing agent—the curative measures being inhalations and powders locally.

Hypertrophic catarrh is dealt with in an exhaustive manner, the surgical treatment being duly emphasized.

The chapter on follicular disease of the naso-pharyngeal space is valuable, and will fully repay perusal. The wide-spread prev-

alence of the disease, and its obstinacy in reacting to treatment is familiar to all.

The section on aural complications of nasal disease is one of much value. The frequency with which aural complications follow in the wake of nasal disease can not be too strongly impressed upon those who treat such cases—success depending on its recognition and treatment.

The author does not think that adenoid vegetations in the pharyngeal vault are as common as some would lead us to believe. He says they are "relatively rare in New York City," and that "I have yet to encounter a single instance in which one of these growths compressed to any appreciable degree the eustachian orifice and occasioned impaired hearing."

The book contains not only a full description of the symptoms and local appearances of catarrhal inflammations of the nasal passages, but the treatment and points of differentiation are set forth in an unusually interesting manner.

J. M. R.

University of Louisville, Medical Department. Forty-ninth Annual Announcement, Session 1885-6. Louisville: John P. Morton & Co., Printers.

A Lecture on Sterility. By William H. Wathen, M. D., Professor of Obstetrics and Diseases of Women and Children in the Kentucky School of Medicine.

The Treatment of Pott's Disease. By G. W. Ryan, M. D., late Senior Assistant, Hospital for Ruptured and Crippled, New York. Read before Academy of Medicine, Cincinnati April 27, 1885.

Medical Legislation. The Annual Address delivered before the Association of American Medical Editors. By Henry O. Marcy, A. M., M. D., Boston, President Association American Medical Editors, etc. Reprinted from Journal American Medical Association, May 2, 1885. Chicago: Review Printing Co.

Urinary and Renal Derangements and Calculous Disorders; Hints on Diagnosis and Treatment. By Lionel S. Beale, M. D., F. R. S., F. R. C. P., Professor of the Principles and Practice of Medicine in King's College, London; Physician to King's College Hospital, etc. 8vo, pp. vii and 356. Philadelphia: P. Blakiston, Son & Co. 1885. For sale by John P. Morton & Co. Price, \$1.75.

Pharmaceutical.

Conducted by Simon Flexner, Ph. G.

TEA OIL.—An oil expressed from the seeds of *camellia oleifua* is used by the Japanese and Chinese for industrial and culinary purposes. It is described as being a very fluid, non-drying oil, free from unpleasant taste and odor, and consequently resembles almond and olive oils in physical characters. For these oils it is capable of substitution in many cases; and since the expressed seeds still contain a good percentage of theine, a general introduction of the oil would undoubtedly cause a considerable decline in the price of this body, which reduction would be very desirable, considering that it is being more and more largely prescribed.

COMPOSITION OF HOMO-QUININE.—In a former number of the *NEWS* we drew attention to the peculiar composition of this alkaloid. It has since been determined that it is composed of quinine and cupriene in the proportion of 2 : 3.

CASSIA ABSUS.—J. M. M., in the *American Journal of Pharmacy*, explains the origin of the so-called chichem or schimsch. In Europe it is known as *semen cismal*, and is used for granular conjunctiva. The plant is indigenous to the East Indies and westward to Central Africa. Its fruit is a legume containing five or six seeds, which resemble flax-seed. The directions for applying them are as follows :

"The seeds are well washed, then dried, finely powdered and mixed with an equal quantity of sugar; a small portion of this powder is dropped or blown into the diseased eye, which is then closed. The powder is of rapid action and irritating, and should not be used in the inflammatory stage of the disease. According to Frank its activity is increased by the addition of turmeric."

OLEO-CHYLE AND HYDROLEINE.—Now that artificially digested foods are receiving so much attention, it will be in place to refer to two preparations of cod-liver oil, which doubtless are superior preparations of their kind. Oleo-chyle and hydroleine are said to be concentrated and predigested preparations of cod-liver oil containing an excess of the digestive agent, making them valuable auxiliaries for the purpose to which they are suited.

Correspondence.

Editors Louisville Medical News :

In your notice of "AMERICAN SYSTEM OF PRACTICAL MEDICINE" by American Authors, Edited by William Pepper, M. D., LL. D., there is an omission of the name of Dr. Hunter McGuire, of Richmond, Va., in the list of contributors to the second volume. Supposing this to be a mere inadvertence that might still escape your attention, I take the liberty of noting the fact, as his article on "Intestinal Obstruction" is worthy of special consideration.

Respectfully, J. McF. GASTON, M. D.
ATLANTA, GA., June 12, 1885.

[We desire to give hearty expression of thanks to Prof. Gaston for calling attention to this oversight; since, of the twenty-two contributors to this volume, no one stands higher in the esteem of the editor than Dr. Hunter McGuire. His article on Intestinal Obstruction is truly "worthy of special consideration." It is characteristic, scholarly, and able, and adds materially to the substantial worth of the great work which it adorns. ED. LOU. MED. NEWS.]

Societies.

MEDICAL SOCIETY OF THE STATE OF OHIO.

[FROM OUR SPECIAL CORRESPONDENT.]

The Society convened in its fortieth annual session, at Dayton, June 3, 1885. Prayer was offered by the Rev. Mr. Hale, of the Reformed Church. Dr. W. J. Conklin, President of the Montgomery County Medical Society, of Dayton, delivered the address of welcome to the Society. He requested that they spend less time on medical politics and more on medical science than on former occasions.

The Secretary reported the membership to be five hundred and sixty-seven; also, that Dr. J. P. Thompson, recently deceased, had left his complete set of Proceedings to the Society. This is the only complete set in existence, and is something long desired by the Society.

The special committee appointed to secure the passage of a State-board-of-examiners bill reported that the bill had been defeated by three votes in the Senate. They said the most potent factor against it was

the ten so-called regular physicians in the legislature. They recommended that the Society use its endeavors to keep these physicians out of the legislature. No bills restricting the practice of medicine will be entertained. We must confine ourselves to sanitation.

Dr. C. A. L. Reed, of Hamilton, read a paper on Pelvic Hematocele. He thought the demands of science and humanity call for some means of controlling the initial hemorrhage, and that the operation along Poupart's ligament and the elevation of the peritoneum is a valuable procedure in cases in which the accumulation lies beneath the broad ligament.

Dr. C. D. Palmer, of Cincinnati, read a paper on Fecal Fistula after Ovariectomy. Fistula occurred on the twelfth day after the operation. No rupture or perforation of intestine was noticed during the operation. Fistula opened internally into the lower small intestine externally, in the median line, midway between the umbilicus and symphysis pubes; caused, he thought, by softening from peritonitis which occurred. The patient, though operated on under very unfavorable circumstances, recovered entirely, with the exception of the fecal fistula, which now, three months after the operation, is still open, though discharging much less than formerly. Spencer Wells, in his one thousand reported ovariectomies, had but one fecal fistula. Other prominent operators have never met one. Essayist queried, were not these perforations, also lacerations, much more frequent than supposed? He recommended operation for closure only if positively necessary, as it is not devoid of danger.

Dr. R. Harvey Reed, of Mansfield, read a paper on Vitiligo. The treatment of this disease in his hands had been unsatisfactory. He had used the hypophosphites, friction, massage, electricity, and stimulating lotions. Dr. McCall Anderson, in an analysis of eleven thousand cases, found only four of vitiligo, considered by most authors to be of nervous origin. Until more light is thrown on it in regard to its exact pathological condition the essayist will consider it a purely nervous disease under protest.

Dr. Dan. Millikin, of Hamilton, read a paper upon Empyema. He considered especially its treatment by daily aspirations through a drainage-tube. He withdrew at each sitting a quantity of pus, and returned through the aspirator a somewhat smaller

quantity of antiseptic fluid. This caused a movement cure, gradually enlarging the other well lung, displacing the mediastinum toward the well side, allowing of more room for the well lung, and gradually permitting contraction of the chest. He argued that a small hole in a man's chest was better than a large one, that one was better than two, and that free drainage could not suck pus out of a jacket. He reported two very favorable cases.

P. S. Connor, M. D., LL. D., of Cincinnati, read a paper on Vesical Exploration. He thought morbid conditions of the bladder were not always easily diagnosticated, and endoscopic examinations to be of little value except in the male. He considered the various modes of examination, and then laid special stress on digital explorations, first systematized by Sir Henry Thompson. He considered the information afforded by them to be of the highest value. By the ordinary perineal section the membranous portion of the urethra is opened, the prostatic portion of the canal is dilated, and the finger is pushed into the bladder. By this means the finger-tip can be brought in contact with every part of the bladder, and the mucous surface can be palpated, its irregularities noted, the presence, location, size, and character of a growth ascertained, and a concealed foreign body or a stone in the lower part of the urethra, and, in fact, the bladder explored as perfectly as if post mortem. The danger was slight. He had operated over one hundred times, and in no case was death due to the operation. In fat subjects the exploration is more difficult, yet it is of great value. In children the lateral urethrotomy should be made.

Dr. I. N. Himes, of Cleveland, read a paper on Life-insurance Examinations, and remarks on cases connected therewith. He discussed the influence of life insurance on personal and municipal hygiene, conditions of doubt in examinations of the respiratory organs, phenomena connected with the circulation of the blood, place where examination is made, rejection of applicants, albumen and sugar in the urine.

Dr. J. C. Reeve, President of the Society, delivered his address. He compared Medicine with Law and Theology, claiming it to be as perfect as either. He gave special attention to homeopathy, after which there was not enough left of the faith for one small pill.

Dr. Morrow Beach, of London, was chosen President; Dr. H. C. Gill, of Cleveland, first

Vice-President; Dr. G. A. Collamore, of Toledo, Secretary:

Akron was chosen as the next place of meeting.

Dr. George W. Ryan, of Cincinnati, discussed in a complete manner Spinal Irritation.

Dr. Philip Zenner, of Cincinnati, read a paper on Diseases of the Spinal Cord. He dwelt on the difficulties of diagnosis and the danger of grave errors, and cited several well-chosen cases from his note-book.

William T. Corlett, M.D., M.R.C.S., of Cleveland, read a paper on Diseases of the Skin of Reflex Nervous Causation. He spoke of the two distinct varieties of neuroses cutanea, the leuro-neurosis and the tropho-neurosis, and reported a number of cases.

Dr. H. G. Landis, of Columbus, read a paper on Occipito-posterior Positions.

Dr. Joseph Ransohoff, of Cincinnati, reported a case and exhibited a specimen of urethral calculi.

Dr. C. H. von Klein, of Dayton, read a paper on Voice in Singers.

Adjourned.

Selections.

GASTRO-ENTEROSTOMY.—The first instance of this operation in England has occurred recently in the practice of Mr. Reeves. The operation has been undertaken for cancer of the pylorus and pyloric end of the stomach, and its object is to open the stomach and a portion of the small intestine high up (lower part of duodenum, or upper portion of jejunum), and to join them. Mr. Reeves's patient was a woman, aged forty, suffering from a tumor which could be felt at the right of the umbilicus. Her stomach was considerably dilated, forming a dullish tumor over the greater part of the left side of the abdomen. As there was constant vomiting, and as her strength was rapidly diminishing, an exploratory operation with the view to pylorotomy, if found possible, dilatation of the pylorus if the obstruction were fibrous, or gastro-enterostomy, was after consultation decided on. An incision two inches and a half long, commencing just below the umbilicus was made, and the dilated stomach was at once exposed. Finding that the disease was extensive, the pylorus being fixed, and the lymphatic glands involved, pylorotomy

was abandoned, and, on account of the risk of extravasation of the contents of the stomach, it was decided to do the operation in two stages. The stomach was fixed to the abdominal wall, and the wound closed. On the eighth day the wound was opened, the upper part of the jejunum was pulled into position, and after the peritoneal cavity had been carefully protected, the stomach and jejunum were opened in corresponding directions and well stitched together. The patient succumbed on the night of the ninth day. Full details of the case, which presents several interesting points, will be published.—*British Medical Journal*.

RESECTION OF THE HIP IN COXALGIA; ITS INDICATIONS AND ULTERIOR RESULTS.—Prof. Eugene Boeckel, at the meeting of the Congrès Français de Chirurgie, recently held at Paris, expresses his views as to the operation of resection of the hip in coxalgia, as follows:

1. Suppurative coxalgia in a young subject is never cured except when the head of the bone is luxated or destroyed.
2. The operation of resection is in itself not dangerous, but is influenced or complicated by the general condition.
3. Tuberculosis or meningitis causes the death for the most part in those undergoing the operation for resection, as does it also in those affected by coxalgia.
4. The more opportune and less extended the resection the more perfect and rapid the cure.
5. The arrest of development in favorable cases is slight.
6. After delayed resection such arrest is considerable; also in those cases of suppurative coxalgia whose cure has been extended over some years.
7. Resection is the surest method of curing, quickly and well, a case of suppurative coxalgia.
8. Contra-indications to resection are furnished by pronounced tuberculosis of any internal organ. Albuminuria, which is susceptible of cure after resection, is not absolute contra-indication.—*Medical News*.

MANGANESE IN AMENORRHEA.—My attention was arrested some two years ago by an article on the use of binocide of manganese in amenorrhea due to hygienic imprudence at the menstrual nixus, nervous disturbances, etc. A short time thereafter a Miss N., aged seventeen, came under my care. She had taken a severe cold at a

dancing party, from the effects of which her menses, which were then on her, became suddenly suppressed. She presented symptoms of decline, with hectic, nervous chills, dry cough, and general malaise. After having for a reasonable period tried the usual remedies without result, I concluded to test the virtue of manganese pills, and accordingly sent to Messrs. Parke, Davis & Co., of Detroit, for a hundred of them. I had an impression that the grave symptoms were due to the suppression of the menses, and that with these re-established, improvement would ensue. I ordered one pill to be taken at bedtime every night. After five pills had been thus taken the catamenia appeared, and under the use of wine and iron the patient was soon restored to her original good health.

I have since had two similar cases, which I treated in a similar manner with similar results. In one of these the suppression had existed for several years, and had been treated by eminent physicians both of Michigan and of the West, whither she had been sent in the hope of benefit from the change of climate. In this latter case fifteen pills taken nightly in the course of two weeks, in combination with tonic diet and medicines, wrought such a change that the patient became a regular patron of the roller-skating rink, where she would exercise for two hours at a time without fatigue. The remedy is certainly one of great power in amenorrhea.—*Dr. A. R. Hicks, in Medical Age.*

CANCER OF THE TONGUE.—In the April and May numbers of the Medical Bulletin, F. B. Jesset, F. R. C. S., contributes an article on Cancer of the Tongue, with especial reference to its etiology, and treatment by operation. The conclusions he draws are as follows:

1. In all cases, seen early, of small nodules or ulcers that do not speedily improve or disappear by treatment, they should be excised as early and as freely as possible. The best plan of doing this is undoubtedly by means of the knife or curved scissors, taking care to cut well into the healthy tissue. Should any hemorrhage occur the cautery will usually stop it.

2. The ecraseur is applicable to the class of cases in which the disease is limited to some portion of the anterior part of the tongue, and here I unhesitatingly would adopt Mr. Marrant Baker's operation of splitting the tongue down the middle and

removing the diseased half by the ecraseur, adopting his precaution of placing a ligature around the last part included in the wire. Should both sides be affected, I should still split the tongue and remove each half separately, as by this means you can remove the parts much further back.

3. When the tongue substance is thoroughly infiltrated, with the disease extending far back, it becomes a question whether the scissors or ecraseur should be used. If the latter, the plan proposed and practiced by Mr. Barwell is, in my opinion, the one by which the best results may be expected, as by it undoubtedly the wire can be placed thoroughly well behind at the root of the tongue. The buccal operation also gives much more room for the application of the wire well around the disease. But the length of time occupied in the removal and the almost impossibility of guiding the wire so as to embrace the whole of the disease appears to me the great drawback to this plan of treatment. Messrs. Whitehead and Billroth's operations have in this class of cases very decided advantages, as they enable the surgeon to keep as clear of the disease as it is possible, and if care is taken to snip very slowly and keep the mouth well wiped out with dry sponges there is very little risk of hemorrhage. Care should be taken when approaching the lingual arteries to be ready to seize them with clamp forceps and tie them at once.

I have seen as much if not more hemorrhage during the use of the ecraseur as I have during the removal by scissors. I have, however, on one or two occasions seen most violent hemorrhage during the removal by scissors, and I found it impossible to secure the lingual at the bleeding point, and was obliged to tie the artery by external incision; another case at which I was assisting, a year ago, the same thing occurred, and the patient's life was in serious danger. Mr. Treves also relates a case in the Lancet, in which he had the greatest difficulty in arresting the hemorrhage. Under these circumstances, therefore, when the disease extends at all within the floor of the mouth it would be always wise to adopt Billroth's method and preface the operation by ligaturing the lingual arteries. The surgeon would then be very much more at his ease and better able to snip away the whole of the disease. He can by the same incision, also, that he ties the arteries, remove any glands that may be affected. The advantages claimed for this

method are rapidity of removal, greater precision in removing the diseased parts, and a less risk of septic infection after the operation. The first two points are clearly established, but the latter I can not find sufficient proof of; in fact, on referring to the statistics, the evidence is certainly strongly in favor of removal by the ecraseur.

The claim to rapidity and precision in removal are two most important points, which must have great weight with all in deciding upon the best course to pursue in any case. If the patient is low and emaciated, is it wise to keep him for so long a time under the anesthetic as is necessary for the proper removal of the tongue by the ecraseur? The advocates of this plan would answer, yes, for by this method they would argue no blood need be lost. Granted such is generally the case, it is not always, and I contend by means of removal by the scissors very little blood need be lost if the operation is done slowly and leisurely, and care taken to ligature the linguals directly they are divided. Mr. Whitehead tells me he has excised the tongue on numerous occasions by means of scissors without having to ligature or twist a single vessel, and there has been no hemorrhage, either primary or secondary. He, like myself, has witnessed more severe hemorrhages after removal by the ecraseur than by the scissors.

4. Where the disease implicates the whole of the floor of the mouth, and the gums, the tonsils, and the submaxillary glands are affected, then the only operation which can be expected to remove the disease are either Sédillot's, Negnoli's, or Kocker's, and in some cases when the disease has not extended to the cervical glands either one or the other of these operations may be performed. Here again much discussion has arisen as to the best method of removing the diseased parts after they are separated from the jaw and drawn down through the opening. For myself I think it matters very little; undoubtedly with the scissors the surgeon is better able to remove the disease more thoroughly, but in all these cases it is well-nigh impossible to remove it all. I should prefer the scissors, as the parts can be much more quickly removed, and any bleeding parts are then easily taken up and secured.

In all cases after the operation, I wash the mouth out most thoroughly with strong antiseptic solutions, either carbolic acid or perchloride of mercury solution; I then

dust it thoroughly with iodoform, and in very severe cases plug the wound with carbolic gauze, in fine strips, soaked in spirits and dusted with iodoform; this forms a firm plug; it remains for about three or four days, when it can be removed, and a healthy granulated sore is found. I never feed a patient by the mouth for at least three days, only feeding him with nutritious enemata. The mouth is kept constantly washed out and irrigated with weak solutions of carbolic acid.

THE Medical and Surgical Reporter says Koch's "comma bacillus" appears to be having a hard time of it among the experts. First, Dr. Klein showed his contempt of it by swallowing it, and now Dr. Lancaster has the unkindness to say, First, it is not comma-shaped; second, it is not a bacillus; third, it does not always occur in the intestines of cholera patients; and fourth, there is no good evidence that inoculation with it produces cholera. In fact, the poor thing appears to be about annihilated by its critics. Cholera, though, will remain undisturbed by it, and relentlessly claim its thousands of victims as heretofore.

At the recent meeting of the Massachusetts Medical Society Dr. C. D. Homans, of Boston, was elected President.

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes in the Stations and Duties of Officers serving in the Medical Department of the United States Army, from June 7, 1885, to June 13, 1885:

Major B. E. Fryer, Surgeon, United States Army, ordinary leave of absence extended six months, from July 1, 1885, on surgeon's certificate of disability. (S. O. 129, A. G. O., June 6, 1885.) The order directing *Major P. J. A. Cleary*, Surgeon, United States Army, to change station from Ft. Union, New Mexico, to Ft. Lyon, Colorado, is revoked. (S. O. 81, Dept. Mo., June 8, 1885.) *Captain Charles Richerd*, Assistant Surgeon, granted leave of absence for three days. (S. O. 128, A. G. O., June 5, 1885.) *First Lieutenant C. N. B. Macauley*, Assistant Surgeon, relieved from duty at Ft. Sisseton, D. T., and ordered for duty at Ft. A. Lincoln, D. T. (S. O. 61, Dept. Dak., June 5, 1885.)

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service for the week ended June 13, 1885.

Wyman, Walter, Surgeon. To proceed to New York, N. Y., and assume charge of the service, relieving Surgeon Sawtelle. June 8, 1885. *Banks, C. E.*, Passed Assistant Surgeon. Granted leave of absence for thirty days. June 12, 1885.

THE
LOUISVILLE MEDICAL NEWS.

"NEC TENUI PENNÂ."

SATURDAY, JUNE 27, 1885.

Original.

A REPORT OF TWO SUCCESSFUL CASES
OF OVARIOTOMY.

BY C. T. GRINSTEAD, M. D.

On September 22, 1880, Mrs. S. H. D., of Freedom, Barren County, Ky., consulted me with reference to an abdominal enlargement, which had for some time given her much uneasiness. I found the abdomen greatly distended, and after a careful examination, I was able to make a diagnosis of polycystic ovarian tumor. The lady was fifty-three years old, the mother of seven children, and, save an occasional attack of difficult and painful micturition, had until recent years every reason to believe herself to be a healthy woman. About three years ago she observed an enlargement of the abdomen, which had steadily increased till the date of my visit.

On October 9th, I tapped the tumor, removing six quarts of a straw-colored fluid; again, on December 9th, about the same quantity of fluid of a like nature was drawn off; and on March 4, 1881, the fluid having reaccumulated, I tapped again, obtaining six quarts of clear, straw-colored fluid, and about the same quantity of a fluid which, in color and consistency, resembled healthy pus. Relief from tapping being temporary only, ovariectomy was decided upon as the only measure which held out any hope of cure.

On May 4th, 12:30 o'clock, in the presence of Drs. J. S. Leech, E. T. Ellison, and R. H. Grinstead, of Glasgow, J. Morgan Taylor, of Bruce, and S. T. Botts, and M. E. Cooksey, of Caney Fork, each of whom rendered valuable assistance, I did the operation. The room, which could be comfortably warmed and well ventilated, was badly lighted. It had, as an antiseptic preliminary, been thoroughly cleansed and fumigated with burning sulphur. The patient being

placed upon a table and etherized, the incisions were made as per authority. On entering the abdomen a considerable quantity of thick, grayish fluid escaped. The tumor proved to be polycystic, and owing to the thick, viscid nature of the fluid, required considerable time for the evacuation of all its cysts sufficiently to admit of its removal through the incision, which was eight inches long. There were no adhesions. The pedicle, situated on the left side, was two inches long, very broad and thick. It was seized with the cautery clamp and severed with the hatchet-shaped cautery at a black heat, the proximal end of pedicle being at the same time held by long bladed forceps. On removing the clamp, and slightly loosening the pressure of the forceps, a blood-vessel, which was about the size of a turkey-quill, was seen to swell and pulsate in that portion of the pedicle which had been held by the clamp. On noting which the forceps was immediately tightened, the pedicle transfixed and the vessel secured by means of a hemp ligature. The ligatures were cut short and the stump left in the abdomen. The right ovary showed no sign of disease. The toilet of the peritoneum being carefully made, the abdominal incision was closed with deep and superficial silk sutures, adhesive strips, a carbolized dressing, and over all a flannel bandage. The patient was put to bed and surrounded with bottles of hot water. A Lister spray apparatus was, during the operation, kept constantly at work. So soon as the patient began to rally from the anesthetic, nausea was manifest. Vomiting seemed imminent, but was, I believe, prevented by the administration of a teaspoonful of the following mixture, which I always keep at hand when called to administer an anesthetic:

R Bismuth. sub. nit., ʒjss;
Vin. ipecac., gtt. v;
Acid. hydrocyanic, gtt. xvi;
Aquae menth. pip., } āāʒi. M.
Syr. acaciae., }

At 5 P. M. the patient had rallied. Her pulse was 84, and temperature 99.6° F. At this time, there being an intense desire to urinate, a catheter was introduced, and four ounces urine obtained. Pain in the region of the bladder, and great tenderness of the urethra, with an almost constant desire to urinate, were persistent symptoms in the case. They lasted from this time until the 6th of June. The urine had an acid reaction, containing at first considerable mucus only, but after a day or two pus in abundance. A Nelaton catheter was introduced at intervals varying from two to six hours, and the bladder washed out with warm flax-seed tea. At times warm water carbolized, or containing laudanum, was substituted for the demulcent. Slippery-elm bougies, made very smooth, and soaked in a solution of sulphate of zinc one grain, and ext. belladonna four grains, to distilled or boiled water one ounce, until they were well coated with mucilage, were introduced into the urethra, and allowed to remain for half an hour. They seemed to allay the pain and irritability. Opium suppositories per rectum were also efficient in relieving pain. Acetate of potash given internally counteracted the acidity of the urine.

On May 8th a pain in left iliac region was complained of, which recurred at times; but, being obscured by the greater pain in the bladder, attracted but little attention until May 22d, when half pint of pus, mixed with clotted blood, escaped from the patient's vagina. A Sims' speculum was immediately introduced, when it was discovered that an abscess had discharged through Douglas's cul-de-sac. The cavity was at once washed out with a five-per-cent carbolized solution, the procedure being repeated on the following day. The next day the point of purulent exit through the cul-de-sac had closed. I am of opinion that the abscess was the result of undue traction on the pedicle. The utmost care possible was used to prevent this. The tumor weighed, with contents, fifty-seven pounds, and twenty-five pounds after being thoroughly evacuated; the pedicle was very thick and short. The day of the operation was dark and cloudy, and, the room being badly lighted, manipulation of the pedicle was rendered difficult indeed. From the evening of the 4th until the cystitis began to subside (June 6th) the temperature of the patient ranged from 99° to 102.7° F., pulse 90 to 124, and respirations 20 to 33 per minute. The bowels

were moved by enema on May 10th, and were kept in a soluble condition until convalescence was established. On June 15th Mrs. D—— was able to sit up in bed. Her recovery from this time was rapid, and she is now well. She passed my office a few days ago on her way to Warren County for the purpose of visiting a sick daughter. Throughout the entire after-treatment, I had the valuable assistance and able counsel of Drs. S. T. Botts, M. E. Cooksey, J. S. Leech, and R. H. Grinstead, to whom my most grateful acknowledgements are due.

CASE II. On April 16, 1883, I was called in consultation by my friend Dr. C. L. Caldwell, of Cave City, to see Mrs. C. B. R., of Rich Grove, Barren County, who gave and presented the following history and condition: The patient is thirty-nine years of age, and the mother of five children. The second child and the third are living. One was still-born and two lived but a short time. The patient suffered greatly from vomiting during her last pregnancy, which occurred three years ago; in fact the symptoms were so urgent that labor was induced by the attending physician to save her life. She discovered, in August, 1882, an abdominal tumor which continued to grow steadily until March 10, 1883, when she was tapped by her physician. She is greatly emaciated, and is suffering considerably with pain in the abdomen. She has no appetite, and is unable to digest food when taken. In view of these facts, it was thought best to tap again, and make an effort to rebuild her system before operating for the removal of the tumor. The tapping brought away eight pints of fluid, which had the color and consistency of healthy pus. The patient continued to suffer with pain and nausea. I saw her again, on April 22d, at 1 o'clock, P. M. Her temperature was 103.5° F., pulse 120, and weak. At 7 P. M., we gave one grain opium and ten grains of quinine by suppository, repeating the quinine at midnight. On April 23d, at 6 A. M., her temperature was 100° , and pulse 120. Six grains quinine were given. At 6 P. M., the temperature was 103° , pulse 130. Six grains of quinine were ordered to be given by suppository, and a quarter of a grain of morphia hypodermically. On April 24th at 6 A. M., temperature was 100.5° , pulse 115. At 8 A. M., six grains quinine, and one grain opium were given by suppository.

At 12 o'clock, on April 24th, I did the

ovariotomy, assisted by Drs. C. L. Caldwell and Ed. Garnett, of Cave City, and J. S. Leech and R. H. Grinstead, of Glasgow.

The patient occupied a room on the first floor of a pleasant country place, where the atmosphere is pure. A good light was had for the operation, and the room was well ventilated. The room was cleansed thoroughly, and fumigated with burning sulphur as in the other case. All instruments, sponges, and ligatures were carbolized. The Lister spray apparatus was dispensed with. Ether was the anesthetic used.

On exposing the tumor recent adhesions, which were easily separated with the hand, were found to exist over the whole anterior and right lateral abdominal walls. The pedicle, which was very short, thick, and broad, and situated on the left side, was transfixed with a double silk ligature, and tied in two sections. The tumor was polycystic, and weighed twenty pounds. It was cut away at a point situated one half an inch from the ligatures, which, being cut short, the stump was dropped into the abdomen. The right ovary was normal. The toilet of the peritoneum was carefully made, and the incision closed with silk sutures. Adhesive strips, absorbent cotton, and a flannel bandage being applied, the patient was put to bed and surrounded with bottles filled with hot water. The patient was quite sick from the ether, and would doubtless have vomited during and after the operation had it not been for the bismuth mixture, which was used as in the former case.

The patient reacted promptly, and at 3 P. M. was rational, with a pulse of 120, temperature 99.5°. At 6 P. M., her pulse was 120 and temperature 101° F. This was a better temperature than she had shown at this hour of the day for a week. After this time the temperature never rose above 100° F., and the only difficulty encountered during the after-treatment (save a slight sloughing at lower portion of the incision) was in nourishing the patient. Extreme irritability of the stomach necessitated the exhibition of food by the rectum for several days, which had the desired effect. She rapidly gained strength and was able to sit up in bed on the third day of May. The lower fifth of incision healed by granulation. Twelve months after the operation one of the ligatures applied to the pedicle was discharged at lower portion of incision. Mrs. R. is now well.

I am greatly indebted to Drs. Caldwell,

Garnett, Grinstead, and Leech for their kind assistance and judicious suggestions during the after-treatment of this case.

TEMPLE HILL, KY., May 18th, 1885.

Miscellany.

SALT BATHS IN THE TREATMENT OF FEVER.—Rabinowitsch (*Wratsch; Dtsch. Med. Ztg.*) reports the results of treatment in the cases of sixteen patients, who received in all one hundred and forty-one baths. He says that not only did the addition of salt to the water cause a greater reduction of the temperature, but the pulse and respiration were improved and the patients felt much stronger than was the case after the use of fresh water.—*New York Med. Jour.*

HYDROPHOBIA.—A correspondent of the Philadelphia Medical News, in commenting upon his adventure during a recent visit to Pasteur's Laboratory, says:

Pasteur is still engaged in his studies relating to hydrophobia. His experimental inoculations are made upon the extended scale so desirable in researches of this nature, and which the liberal policy of the French Government enables him to follow. His arrangements for keeping animals for experimental purposes are admirable, and he showed me with pride the well-made iron cases for dogs, the patches for rabbits, and the yards for fowls, all kept in perfect order and well stocked with animals. Having succeeded in transmitting hydrophobia by inoculations upon the surface of the brain by trephining with virus from the nervous centers of an animal recently dead of the disease, and in obtaining an attenuated virus which produces a non-fatal form of the disease, by which the animal is protected from subsequent attacks, Pasteur's next object is to ascertain whether protective inoculation may be successfully practiced after an animal has been bitten by a rabid dog. His experiments lead him to believe that this is practicable, and the test is being made at the present time. The curious thing about these experiments relating to hydrophobia is, that while the nervous tissue has been proved to contain the virus, which by inoculation gives rise to the disease, the exact nature of this virus has not been determined. No microbe has yet been discovered in the virulent material by means of the microscope, and all attempts to ob-

tain cultures of the germ, which Pasteur assumes must be present in this material, have thus far failed. In reply to a question, Pasteur informed me that microscopically he had not been able to recognize any difference between healthy brain substance, for example, and that which, coming from an animal recently dead of hydrophobia, is capable of reproducing the disease.

A TRIBUTE TO DR. J. W. HOLLAND.—The Salmagundi Club of this city, composed of some of our most eminent literary men of the various professions, gave a farewell supper to Dr. J. W. Holland a few days ago. At the close of the banquet a prominent legal light offered the following sentiment which, we feel assured, will find echo in many hearts:

To-night we bid a friend adieu—
He goes to meet the youth,
To whom he'll show the narrow path
Of allopathic truth.

Alas! the rage for fame that draws
Our comrade thus afar,
To leave his friends and club, and teach
Materia medica.

For, not content with country life,
He seeks the city's hum;
Ambition's heat has set ablaze
His pericardium.

Time was when he, with duller ones,
Contented was to walk;
Among the learned now will he
A larger circle chalk.

To loftier heights his soul aspires,
On pills and drugs intent;
See glory throned upon his brow,
A rubefacient.

E'en now he pants to scale the hill
Where famous doctors bask,
And roll up fortune like a pill—
A sudorific task.

The page of Fame in dreams he reads,
To which his name shall come,
The very thought's emollient, like
Olivæ oleum.

In day-dreams even now he sees
His fellow pedagogues,
With whom he'll soon, in converse high,
Discuss sialogues.

Absorbing themes engross his mind,
Themes that are all too high,
Except for one accustomed to
Tinctura opii.

Eager to test botanic worth,
And into nature pry,
The fragrant herbs he'll macerate
In spiritu frumenti.

The mint wherewith, in modest worth,
Our mid-day goblet's crowned,
'Neath his magician's hand will be
A carminative found.

Mighty decoctions will he make,
Tonics will he compose,
Cathartic pills of new device,
Each single pill a dose.

The tea of sassafras and sage
Shall know a noble name;
The dandelion and Jamestown weed
No more be called the same.

No more shall he, on vulgar food
Sustain his organism;
He e'en eat beef with capsicum
Mixed with a sinipasm.

For learning, in his hands shall make
E'en common things seem fine;
None of his classes will dare sneeze
'Fore taking an errhine.

Prophetic muse! that future show
When, in his chosen college,
Our friend the highest limb shall climb
Upon the tree of knowledge.

And, as his science says, each plant
Its virtues quickest gives
When steeped in generous wine, and yields
The cure that in it lives,

So in the school which now he joins
Will choicer learning grow
When Holland's spirit draws from each
The choicest each may know;

And great renown shall crown his name,
Rewarding learned toil,
His name become a household word,
Like to St. Jacob's Oil.

Yet there 'll come moments when such fame,
Great as its greatness be,
Will tire the sage, and he will pine
For comrades such as we;

For comrades who no liver know,
Friends who have no catarrh,
Whose spirits never sink too low,
Nor soar away too far;

Friends who sound learning can admire,
To friendly wit give play,
Unite diversion with research,
The serious with the gay.

At such times in his leisure hour,
Some holiday or Sunday,
Then will friend Holland call to mind
His friends in Salmagundi.

REFLEX OPHTHALMITIS.—Mr. Jonathan Hutchinson, before the Ophthalmological Society of the United Kingdom (British Medical Journal), said that he had supposed that "reflex ophthalmitis" was an example of inflammation excited by reflex action. From a further consideration of the facts he had

come to the conclusion that the nerves were directly involved; he held that there was much probability that all forms of inflammation could so contaminate the blood as to lead to a condition of that fluid which could, owing to the existence of a selective affinity, set up similar changes in tissues of the same nature as those primarily affected. In multiple periostitis, which might follow an injury to a single bone, it appeared probable that the bones subsequently affected suffered as a secondary consequence of the changes set up in the bone injured. The most plausible explanation of such an occurrence was that some elements, whether tissue elements or bacteria was a matter of indifference, were shed into the blood; the operation of selective affinity led to the affection of the same bones on the other side. The application of these facts to diseases of the eye was obvious. The wandering elements, shed into the blood from the eye in a condition of inflammation secondary to some injury, found themselves under similar conditions in the other eye, and were then able to set up similar changes in analogous tissues. He had believed that this speculation was original, until Mr. Nettleship had pointed out to him that Berlin had published in Volkmann's Archiv, in 1880, a closely similar theory, only differing from the one now put forward in that Berlin assumed the existence, *ex necessitate*, of a bacterial poison.

RECURRENT LARYNGITIS.—Dr. E. F. Ingalls, of Chicago, read a paper on this subject before the Illinois State Medical Society (New York Medical Journal). He concluded that (1) this affection was usually dependent upon nasal obstruction. (2) The obstruction in the majority of cases was due to deflection and thickening of the septum, or hypertrophic catarrh. (3) To effect a permanent cure local remedies were unreliable and the obstructing tissues must be removed. (4) Operative procedures for the removal of these obstructions might be made painless by the use of hydrochlorate of cocaine. (5) This method of treatment properly carried out might be relied on to cure the catarrh and the laryngitis of which it was the cause. (6) Great improvement in the general health often immediately follows the removal of the nasal obstructions. (7) In acute colds or exacerbations of hypertrophic catarrh immediate relief might be obtained by insufflations, as often as needed, of small quantities of cocaine.

THE officers of the New Jersey State Medical Society, elected at their meeting held at Long Branch, June 6th, were as follows: President, Joseph Parrish, Burlington; First Vice-President, Charles J. Kipp, Newark; Second Vice-President, John Ward, Trenton; Third Vice-President, H. Grant Taylor, Camden; Corresponding Secretary, Wm. Elmer, jr., Trenton; Recording Secretary, Wm. Pierson, Orange; Treasurer, W. W. L. Phillips, Trenton; Standing Committee, T. J. Smith, E. J. Marsh, D. C. English.

CARL H. VON KLEIN states that in forty-eight hours he saw nine children who were affected with leucorrhœa which, in his opinion, was caused by roller-skating exercises. He regards this exercise as injurious to young girls and young women by reason of the excessive movements of the lower extremities, the pelvic organs, and the walls of the vagina.—*Boston Med. and Surg. Jour.*

THE Weekly Drug News says that an elegant method for the administration of castor-oil to children is after the French plan. Place the oil in a pan over the fire, break an egg into it and stir. When this is done flavor with salt, sugar, or currant jelly.

THE French Academy of Medicine has awarded a prize to Dr. Murrell, of the Westminster Hospital, London, for his discovery that nitroglycerine is a remedy for angina pectoris.

DR. B. F. BAER has been elected Professor of Diseases of Women and Children in the Philadelphia Polyclinic and College for Graduates in Medicine.

At the first *conversazione* of the British Gynecological Society it was stated that more than three hundred have added their names to the list of members.

THE Pacific Medical and Surgical Journal and Western Lancet has been made the official organ of the Medical Society of the State of California.

THE latest application of cocaine is for sore nipples. A five-per-cent solution brushed over the nipple makes nursing possible and painless.

DR. M. H. HENRY, of New York City, has had conferred upon him the Royal Order of the Savior, by the King of Greece.

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THE CHOLERA QUESTION.

It is no more than natural, after the terrible ravages of the disease in Southern Europe during the summer and autumn past, and in view of its anticipated return with the corresponding seasons of the present year, and the more than chance that it would then assume a greater virulency and sweep the continents of Europe and North America, that the cholera question should have been for many months the theme of abundant study and discussion; nor have recent reports from Spain and France suffered it to abate aught of its absorbing interest.

First came Koch's comma bacillus, and following this many clever experiments and voluminous controversies relative to the nature of the microbe and its specific relations to cholera. Criticism was sharp and the radicals took sides, but, as from similar tilts with the enemy over the bacillus tuberculosis, the great micro-biologist came forth not only unscathed but with strength increased.

This is a matter of the past; but recently the subject has been accorded all the respectful attention that could be claimed by

a powerful invader who seemed about to take up the aggressive line of march, and every medical body, international, national, State, and municipal in the threatened territory has given voice to its appreciation of the situation.

Our own National Sanitary Council convened in early spring; the Cholera Conference, in Berlin, had its last sitting on the 7th of May, and the International Sanitary Conference convened in Rome on the 20th ultimo for a month of hard work; but reports of its deliberations so far obtainable are shallow and meager.

In company with these eventful gatherings, or following close upon, are the inoculation excitement recently stirred up by Dr. Ferrán, in Spain; the able monograph of Dr. Van Ermengen, who was last year dispatched by the Belgian Government to investigate the cholera at Marseilles, and last but by no means least a number of valuable contributions from home and foreign physicians who in former epidemics have studied the natural history with the hygienic and therapeutic management of the disease. The harvest of good resulting from all this reaping and gleaning of what seems to be a fruitful field would be difficult to estimate. Much chaff is doubtless stacked, but some wheat will reward the thresher.

The sanitary councils have given the powers that be some wholesome suggestions which, if carried out, would do much to protect the coast lines of threatened lands; but commercial interests, false notions of economy, and the jealousies of rival powers, are already in the lists and may in the end defeat the measures proposed.

For instance, if any thing be proved it is that filthy rags from infected ports, whether baled and stowed away in the ship's hold or free and flaunting upon the backs of lousy immigrants, are common carriers of the infecting germ. Timely warning of danger here has been given our government officials by our home council, but nevertheless, if the newspapers are to be trusted, official inadequacy threatens to leave

us open to invasion through this sorry source of revenue, cheap paper and disease.

Again, the Suez Canal is justly regarded as the royal gateway through which the pest marches into Europe from Asia, and properly the question of placing under quarantine all vessels passing from the East to the Mediterranean by the Red Sea and the canal was made the subject of deliberation at one of the sittings of the International Sanitary Conference at Rome.

A proposal to have appointed, by some international commission, an officer who should have authority to inspect all vessels passing into the Mediterranean through the canal, and to decide if any craft were to be regarded as "suspect" or not, with power to detain it in quarantine or let it pass, was vigorously opposed by the British and Indian delegates. Sir Joseph Fayrer did not object to the inspection, but "refused to allow that any locally appointed medical officer should supersede a British medical officer in deciding whether any person on board an English ship was suspected of having some choleraic affection or not." Sir G. Hunter demanded that British ships should, under all circumstances, have free passage through the Suez canal, provided they did not touch the shore. Dr. Thorne opposed the proposal on the ground that it did not imply inspection simply, but the taking of the first step in quarantine, which England had opposed, and which had been proved useless. Other English delegates argued against the measure, which, nevertheless, was finally passed by a large majority. This, however, makes it by no means a law, and it is possible for England, if she does not prevent its materialization, to keep the measure from coming into force in time for any effective service in the present juncture.

Perhaps the most significant act of the conference is the "voting that quarantine measures by land are impracticable, and hence useless." This is doubtless true, but very discouraging to some of our State Health Boards, who are just now prepar-

ing to quarantine the many miles of State lines which are supposed to separate them from neighboring careless and uncleanly commonwealths.

The Cholera Conference at Berlin seems to have done little more than to develop some additional proof in favor of the theory that cholera has a definite and demonstrable pathogenic relationship to the comma-bacillus, and to throw up some "moist ground" upon which Professors Koch and Pettenkofer can stand.

Farrán's alleged discovery of an attenuated virus, which is capable of conferring immunity on inoculated subjects, has been taken in hand by the Spanish Government, who have ordered a halt until a Royal Commission* shall have time to test the validity of the claims of this would-be second Jenner.

The work of Dr. Van Ermengen, as is apparent from an abstract in the *Lancet*, is confirmatory of the validity of Koch's experiments and the soundness of his deductions therefrom.

Of Farrán's inoculation scheme Dr. Van Ermengen says:

If these discoveries be proved to be true, then the pathogenic power of Koch's comma-bacillus will henceforth rest on demonstrations which will be beyond cavil, for it will have been proved upon man himself. As to the discovery of a preservative cholera vaccine, which, to some may seem too good to be true, may it one day be established with all needful experimental rigor, and shed eternal honor on the micro-biologist who was the first to foresee its probability.

This author gives wise counsel relative to inspection and other means of local protection in the time of cholera, and discusses in detail the subject of disinfection. Of fluid disinfectants he restricts the term to "such agents as destroy all choleraic microbes, under all circumstances, in a half hour." These are corrosive sublimate, carbolic acid, sulphate of copper, chlorinated lime, sulphate of iron, salicylic, boric, and thymic acids, *laudanum* [morphia (?)] (one per cent

*See an abstract of the report recently made before the Madrid Academy of Medicine, published in this issue, page 411

kills the bacilli), chloroform (one in thirty or forty), and alcohol (one to ten.) He confirms Koch's statement as to the destructive action of putrefaction upon the comma-bacilli, which shows that there is little warrant for the vain attempts at disinfecting latrines which are often made with a view of destroying the cholera poison. The importance of disinfecting excreta ("which may be done with a five-per-cent solution of carbolic acid") is insisted upon.

Among the contributions of distinguished practitioners may be mentioned the able articles by Austin Flint, sr. (New York Medical Journal, October 25, 1884), Frank H. Hamilton (*ibid*, Nov. 15, 1884), and two carefully prepared reports on cholera read before the Medical Society of the County of Kings, N. Y., on the 21st of last April, by Drs. J. E. Baker and William Henry Thayer, of Brooklyn.

Relative to these we have space but for two comments. Dr. Baker says:

Cholera is classed, along with smallpox, measles, etc., as an infectious disease, the latter running a definite course, and neither of them susceptible of being aborted. Not so, however, with cholera. *It is the general belief that, if predisposing causes be removed and appropriate and immediate medication be employed, perhaps a majority of cases will speedily recover.*

It is hardly worth the trouble to point out the author's failure to distinguish here between contagion and infection. Cholera is truly an infectious disease, and should be named with yellow fever and typhoid, which are typical of the class; but in no case can it be ranked with smallpox and measles, which are essentially contagious diseases.

The treatment advised, though not new, may be said to have acquired some light under the new etiology of the disease. This refers to taking all cholera patients in hand during the prodromic stage, which is said to be marked by diarrhea. Here Dr. Flint's well-known remark is quoted to the point:

The controlling remedy, *par excellence*, is opium. Let opium, conjoined with rest of the body and of the digestive organs, be judiciously employed be-

fore the characteristic choleraic dejections occur, and the further development of the disease is prevented with almost absolute certainty. Let this treatment be promptly resorted to as soon as choleraic dejections have taken place, and in a large proportion of cases the disease is arrested.

The points in the above quotation which, under recent research, are made to stand out in new light are these: First, that the disease being due to the presence in the gut of a comparatively few ingested microbes, though giving evidence of its work by the prodromic diarrhea, does not reach its acme until the germs have made enormous increase through proliferation; and second, that opium aborts the disease in its prodromic and sometimes later stages, not only indirectly by inhibiting peristalsis and checking secretion, but directly through its power to kill the microbes with certainty under all conditions.

In conclusion we quote in full Dr. Baker's graphic summary of facts deducible from the present status of the cholera question, in which, in brackets, may be found some conclusions arrived at by Dr. Van Ermen-gen, which may serve to help the reader over a weak point in the philosophy of Dr. Baker:*

1. That cholera occurs mainly in great epidemics, starting in India and moving in a westernly direction, reaching America usually about one year after its appearance in Europe.

2. That the fourth great epidemic has reached Europe.

3. That the identity of the comma-bacillus as the causative agent of cholera is not as yet accepted by all scientific investigators.

[(a) The discovery of the comma-bacillus is of the greatest importance for diagnosing choleriform attacks of doubtful nature which are produced at the commencement of epidemics, and for the institution of prophylactic measures.

(b) The application of bacterioscopic processes for the diagnosis of true cholera does not present any serious practical difficulties, and it would be very desirable in view of the serious threats of invasion by cholera, that a sufficient number of medical men appointed to the sanitary service should be initiated therein with as brief delay as possible.

(c) The knowledge of the biological properties of the choleraic microbe, of its feeble resistance to

The conclusions of Dr. Baker were published in our issue of June 13th. They are reproduced here advisedly, as the reader will see.

desiccation, and of the absence of a stage of spore formation, affords valuable facts for prophylaxis. It places a limit on the excessive use of disinfection, and puts us in possession of the simplest and surest means of combating its effects.]

4. That the manner of transportation and diffusion is generally by means of rags and polluted clothing, the latter being worn usually by emigrants.

5. That the incubation period is very short, the onset of the disease very sudden, and the prostration following quite rapid.

6. That filth in all its forms is a necessary concomitant to the disease. Filth may exist without cholera, but cholera seldom prevails without filth.

7. That the disease can be arrested and completely stamped out by efficient and vigorous sanitation, as has been demonstrated beyond all question.

8. That in addition to the extreme importance of efficient sanitation is the absolute necessity of the prompt attention to immediate treatment by the method of house-to-house visitation within the cholera limits, and if need be, the instant removal of patients to hospital accommodations.

Correspondence.

PARIS LETTER.

[FROM OUR SPECIAL CORRESPONDENT.]

Dr. Huchard, whom I have already had occasion to refer to as a promising therapist of some note, has, after having tried the effects of antipyrine (see my letter of the 24th April) as an antithermic, been trying some experiments with a new substance reputed to have analogous properties. The name of this new substance is thalline or tetrahydroparamethoxyquinoline (which unpronounceable word I must leave to your readers to articulate) which is a derivative of quinoline, this latter having been discovered in 1884 and experimented with by Dr. von Jacks. The salts of thalline have a most disagreeable flavor, and should therefore be administered largely diluted. In giving an account of his experiments, at a recent meeting of the Société de Thérapeutique, Dr. Huchard observed that thalline produced more copious perspirations than antipyrine; but the patients presented no phenomena of adynamia, collapse, cyanosis, or albuminuria, and there was no eruption present as is the case with kairine. In doses of from twenty to fifty centigrams the tartrate of thalline produces a very marked lowering of the temperature of the

body; it is therefore considered distinctly an antithermic, but much less powerful and less certain than antipyrine, and the antithermic action of thalline continues, more or less marked, for several days. Other speakers corroborated the results obtained by Dr. Huchard, but Dr. Hallopeau, another hospital physician who tried thalline in some cases of typhoid fever, could not say much in its favor, as it did not in any way modify the evolution of this affection. He therefore considered it advisable, in many cases, to return to the old antipyretic remedies, the therapeutic action of which is well known and long established.

According to Professor Germain Seé and other therapeutists of note, no drug has as yet equaled quinine as an antipyretic, if one may use the term in its widest sense; that is to say, quinine is not only an antithermic but it has a certain influence, more or less marked, on the evolution of fever, whatever be its type or character, a great deal depending on the dose and on the opportuneness of its administration. For instance, as the action of quinine commences to manifest itself four or five hours after its ingestion but it is only completed in eight or nine hours, and maintains its maximum effect for about fifteen hours after its administration, Liebermeister recommended that, in typhoid fever, the quinine should always be administered in doses of from one to two grams, at five in the evening, and in one single dose to act on the usual morning remission. This precept is considered by Professor Seé to be too exclusive, and his plan is to administer a one-gram dose at six in the morning to act on the temperature of the evening, and another gram at five or six in the evening to lower the temperature of the following morning.

In connection with this subject, Professor Potain, at a recent clinical lecture at the Necker Hospital, made the following trite remarks: It frequently happens that the sulphate of quinine does not act, even when the manifestations of a malady depend upon paludism, because it is not administered at the proper time, in illustration of which he cited the case of a patient in the hospital affected with facial neuralgia of paludic origin who was treated with quinine, but until then without success. The alkaloid should be administered in such a manner that its maximum absorption will have taken place at a moment when an access of fever or other complaint begins, bearing in mind that a period of about eight

hours is necessary for this absorption. If the dose is strong it is preferable to divide it into two parts, one half to be given eight hours before the access, and the other four hours after the first half. This method was adopted with the patient above referred to. In this case, as the access of his neuralgia occurred at four in the morning, he took fifty centigrams of quinine at eight in the evening and as much at midnight. With this treatment he soon got well, though his case was considered an inveterate one; but in order to maintain the cure he was submitted to a hydrotherapeutic treatment, which Professor Potain stated renders the greatest service in these cases provided it be carried out with caution.

A very striking example of the possibility of the transmissibility of tuberculosis from man to animals lately occurred at a farm at Charenton, which is situated just outside Paris. One of the farm servants who had charge of the poultry-yard was phthisical, and in coughing used to expectorate a quantity of sputa, which the fowls were observed to swallow. In a few weeks, the owner of the farm having remarked that the fowls died in rapid succession, took one of the latter to the Veterinary School at Alfort to ascertain the cause of this extraordinary mortality among his poultry. M. Nocard, one of the professors of the Veterinary School, examined the fowl and found that the lungs and liver were infested with tubercles about the size of a pea, and of a yellowish gray color. Numbers of bacilli were also found in the microscopic preparations. The fowls were killed and the poultry-yard disinfected, which a less scrupulous farmer would not have done.

On another occasion M. Nocard examined the milk of eleven cows which were supposed to be tuberculous, but he could not discover any of Koch's bacilli.

At a recent meeting of the Société de Biologie MM. Cornil and Mégnin stated that tuberculosis is very common among fowls, turkeys, pheasants, partridges, and pigeons. Tubercles were found more particularly in the liver, spleen, and peritoneum. On this account they recommended that a more rigorous system of inspection should be organized for markets, farms, and poultry-yards.

The International Sanitary Congress was opened at Rome on the 20th May, but has not, I am afraid, thrown much light on the subject of cholera, whether as to its nature or to its prophylaxy. I may however ob-

serve that Dr. Rochard, one of the representatives of France, declared that land quarantines were useless, with which assertion the other members agreed with the exception of the Turkish delegate, who expressed his dissent. The English and American delegates were of opinion that sea quarantines should be entirely abolished, as being unnecessarily vexatious, although they approved of a rigorous inspection of ships conveying large numbers of passengers. But what startled the members most was the affirmation by an English delegate (whose name was not given in the report) that the so-called Asiatic cholera was never imported from India, and he would defy any one to cite a single ship that had conveyed the disease into Europe.

PARIS, JUNE 5, 1885.

Translations.

NEW RESEARCHES ON THE COMMA-BACILLUS BY KLEIN.*—Klein persists in seeing in the bacillus of Koch only a microbe analogous to those found in petrifying liquids. He refuses absolutely to admit the rôle which others attribute to them in the production of cholera. According to Klein the comma-bacillus exists normally in the intestine, but only develops abundantly with certain alterations of the mucous membrane.

It is impossible to isolate and cultivate the comma-bacillus of the normal intestine, because they are mixed with other microbes of different species, which prevent their development.

In the same way, in certain cases of cholera where the comma-bacillus is mixed with microbes of different species, the cultivation becomes very difficult, or impossible. If one add one drop of a pure culture of the microbe of cholera to two hundred meters of normal fecal matter diluted in water, and containing the ordinary bacteria in great numbers, a liquid is obtained in which it is impossible to obtain the microbes of cholera by cultivation, although they exist there without doubt.

Klein concludes from this experiment that the comma-bacillus may easily exist in the normal intestine without it being possible to isolate it from the other organisms with which it finds itself mixed.

*Translated from *La Semaine Médicale* of May 13, 1885, by R. Maupin Ferguson, M. D.

Another experiment which confirms the preceding has just been made by Klein and Horsley, and, although the complete results have not yet been published, I mention them now to return to it later.

After having made a small incision in the abdominal wall of a monkey, a knuckle of the ileum was withdrawn and the intestine ligatured immediately above the ileo-cecal valve; a second ligature is then placed five or ten centimeters higher, taking great care of the mesentery. By means of a hypodermic syringe a small quantity of the intestinal contents from between the two ligatures is withdrawn; in this liquid no comma-bacilli are found. Now, inject a syringeful of a concentrated solution of sulphate of magnesia, then close the abdominal wound and apply an antiseptic dressing.

At the end of forty-eight hours kill the animal and examine the contents of the knuckle of intestine included between the ligatures, which consists of a brownish liquid holding flocculi of mucus in suspension and shreds of epithelium.

Three times out of six, Klein found comma-bacilli in this fluid, identical in appearance with those of cholera. So the intestine in these cases presents lesions which resemble those of cholera. M. Klein concludes that comma-bacillus exists normally in the intestine, but in too small quantities to permit of their discovery; by the procedure of double ligature a pathological state favorable to the development of the comma-bacillus is produced, so that at the expiration of a few hours it becomes easy to demonstrate them.

Hence, the comma bacillus is the result, and not the cause, of certain alterations of the intestinal mucous membrane.

Selections.

INOCULATION FOR CHOLERA. — The following is an abstract of a report made by a committee of the Madrid Academy of Medicine, consisting of Señor Carreras and four others, to the Academia de Medicina y Cirugía, of Barcelona, on this subject.

The report commences with a brief account of Dr. Ferrán's original memoir, in which he states his agreement with Koch's conclusions, and his belief in identity of the micro-organism with which he worked and Koch's comma-bacillus. The investigation was conducted with the aid of Dr. Ferrán in the performance of the experi-

ments, or of many of them, and with his full recognition.

The work of the committee was arranged under the following heads:

1. The investigation of the *morphology* of the micro-organism, the manner of its cultivation, and the changes effected in it by various reagents.

2. The *pathogenic action* of the cultivated organism, especially before attenuation.

3. The *preventive action* of the cultivated organism when ejected after attenuation, both in quantity and quality.

1. *Morphology*.—A full account is given of the precautions taken to secure purity of the apparatus, of the air of the laboratory, etc., and then the mode of preparation of the tubes of sterilized gelatine, and of the flasks of sterilized broth ready for the cultivation of the microbes is described. These media were inoculated with (1) the microbe of Van Ermengen, procured from Brussels; (2) the microbe of Ferrán; and (3) the microbe of Finckler and Prior, as obtained from cases of sporadic (non-Asiatic) cholera. The results, summarized, are to the following effect: (1) The micro-organism of Finckler and Prior found in sporadic cholera is distinct from the comma-bacillus of Koch. (2) The organisms described by Koch, by Van Ermengen, and by Ferrán, are the same, and are found in Asiatic cholera. (3) The comma-bacillus (of Koch) represents only one stage of this organism. 4. It has been shown by Ferrán, and confirmed by the committee, that this organism passes through the following stages: *a*, a spiral filament; *b*, production of spores in fms; *c*, separation of the spores; *d*, growth of the free spores; *e*, change of the spores into a mulberry-shaped mass (*cuerpo muriforme*); *f*, which becomes diffuent protoplasm; *g*, from which, by condensation, a very fine filament is again formed. (5) Bodies, other than this micro-organism in its various stages, are also found in the cultivation-fluids. It having been stated by Ferrán that alkaloids which had a toxic action upon animal life generally had no such action upon the microbe, the effect of the addition to the cultivation of several of these—deine, camphor, digitaline, ergotine, eserine, was tried, such as aconitine, morphine, cocaine, strychnine, and several others. The result was to confirm the statement as to their inaction, save in the case of eserine, which appeared to favor the development of the spores. The committee, however, do not enter into any explanation, or spec-

ulate further upon this exception. Following the example of Ferrán, in his memoir, the committee do not discuss the question of the classification of the microbe.

2. *Pathogenic Action*—A. *Experiments on Animals*. These were exclusively performed upon guinea-pigs, by means of hypodermic injection. Van Ermengen's and Ferrán's cultivations were used indifferently, the results being the same in each case. As a preliminary precaution, some of the cultivation fluid was sterilized by heat, filtered, and injected into a guinea-pig. There was no injury to health, nor were any new organisms found in the blood. The same and similar cultivations, unsterilized, were then injected in various doses (from one to eight cubic centimeters). The severity of the symptoms produced varied directly with the dose. These symptoms were, briefly, at first, discomfort and restlessness, with refusal of food; then rapidly increasing prostration, followed by seemingly painful convulsions, spasms similar to the actions of vomiting, marked cyanosis, terminating generally in death within a period of from six to thirty-six hours, the time varying with the dose. On post-mortem examination, the principal changes were found in the blood, and in the lymph exuding from the neighborhood of the hypodermic injection. The corpuscles were disgenerated or reduced in size, and numerous microcci, spirilla, and commas were present. In no case was any indication present of septicemia or pyemia, nor of the presence of the *coccidia oviformis*. Injection of a very small quantity of the cultivation-fluid into the duodenum, as has been performed by Nicati and Rietsch, of Marseilles, and also by Van Ermengen, was tried with negative results; but in these experiments the animals had not been starved. B. *Experiments on Man*. The same cultivation-fluids were similarly injected hypodermically into eleven human beings (one of the first being a member of the Investigating Committee), for the purpose of studying the pathological results. These are described at length, but the chief points are these: Within a few hours the site of injection (the back of the arm), became hot and swollen to a limited extent; this was followed by malaise, muscular fatigue, and a sense of exhaustion, nausea, and slight shiverings, followed by febrile action, and a temperature ranging from 100° F. to 101.5° F. The blood, examined during the febrile stage, showed changes similar to those observed in the

guinea-pig, but less marked. In all the cases vomiting and looseness of the bowels were produced, but the vomit and dejecta were not preserved for examination. The dose employed for human beings was half a cubic centimeter, as compared with six cubic centimeters in the case of guinea pigs.

3. *Preventive Action*. The general results obtained by Ferrán are stated by the committee to be absolutely confirmed by them. With regard to the guinea-pigs, it was found that if those which survived a first injection were afterward reinoculated, even with doses invariably fatal if employed on the first occasion, *without exception*, no ill results followed beyond a very slight constitutional disturbance. Further, those persons who, having been once inoculated, submitted themselves to reinoculation, experienced only a slight local irritation upon the second occasion. There appears to have been four of these cases, the clinical details of which, together with those of the seven others who were inoculated once only, are given in an appendix to the report.

Lastly, it is mentioned that Dr. Ferrán himself, having suffered one morning with a looseness of the bowels, causing two unusual evacuations, found in the second true specimens of the comma-bacillus, which he used for a series of cultivations.

The report ends by saying that, in the opinion of the committee, the identity of the micro-organism of Ferrán with the comma-bacillus of Koch has been established, and that its pathogenic effects have been proved to be prevented by inoculation. Therefore, a means of averting cholera has been discovered.

The original report was illustrated by photographs, which are not reproduced in the printed copy.—*British Medical Journal*, May 30, 1885.

PHOSPHORUS NECROSIS OF THE JAWS.—Dr. J. Ewing Mears, of Philadelphia, in a paper on this subject, read at the last meeting of the American Surgical Association (Medical Record), concludes as follows:

1. That phosphorus necrosis of the jaws is a local expression of the constitutional condition produced by the inhalation of the vapor of phosphorus and by particles of the agent taken into the system with the food by operatives in match factories, who do not give proper attention to cleanliness of the hands.

2. That the introduction of the agent into the system is, as a rule, very gradual, and in such small quantities as to avoid the production of symptoms of acute poisoning. That in this way the chronic toxic condition of the system is induced, characterized chiefly by disintegration of the red blood-corpuscles and fatty degeneration of the arterial coats.

3. That the toxic condition precedes the development is shown by the fact that the disease does not attack operatives recently exposed to the action of the agent, but those who have been exposed for a period of years.

4. That examinations of teeth of operatives have shown that many who have a condition of caries, and that many who have returned to work immediately after the extraction of teeth, have enjoyed immunity from the disease, showing that the agent has not attacked the periosteal tissue thus exposed. (In one case the disease did not appear until three months after labor in the factory had ceased).

5. That individuals vary in their susceptibility to the action of the poison; for this reason many suffer immediately with symptoms of acute toxic conditions, such as nausea, vomiting, etc., and are compelled to abandon work in the factories.

6. That the conditions under which experiments have been made on animals to prove the absence of the disease until exposure of the periosteum and peri alveolar tissue was affected, were not similar to those to which operatives in match factories are subjected.

7. That treatment of the disease in the primary stage, in the manner outlined, is efficient and prevents its progress.

8. That the antidotal powers of turpentine have been established, both in neutralizing the effects of the poison upon operatives during their work, and also in the treatment of the early stage of the disease.

9. That the disease is to be prevented among operatives by the adoption of thorough methods of ventilation, stringent rules with regard to cleanliness, and the free disengagement of the vapor of turpentine in all the apartments of factories in which theumes of phosphorus escape.

CASE OF CYSTIC DEGENERATION OF THE CERVIX UTERI.—Dr. Henry Gervis reported, at the London Obstetrical Society, the following case, which was recently under notice at St. Thomas'; it presented a uterine

condition of sufficient variety to make it, in the author's opinion, deserving of a short record:

N. J., aged forty-five, was admitted to Adelaide Ward, July 4, 1883. She had had nine children, the youngest aged five years. The catamenia had ceased between three and four years ago. In the spring of this year she had noticed that the abdomen began to enlarge, and lately she had some occasional dyspnea. She consulted a medical man, who, under the impression there was some abdominal tumor, advised her entering the hospital. Examination of the abdomen, however, led to the conclusion that the enlargement was due to fat, chiefly in the abdominal wall, possibly to some extent in the omentum. On examining the uterus in the course of the investigation, the cervix gave the finger the impression of being studded with numerous distended follicles, and, on using the speculum, the entire vaginal aspect of the cervix was seen occupied with close-set, tense, glistening vesicles, varying in size from a millet to a hemp seed. There was no accompanying congestion, no endocervicitis, no leucorrhoea, no tenderness. The woman had in fact no uterine symptoms whatever, and the examination was made in the first place simply with reference to the abdominal enlargement. On puncturing these little retention-cysts, as one believed them to be, to our surprise nothing but air escaped from any of them; they simply collapsed with an audible noise. I did not on this occasion open them all, but left some purposely for further observation. In the course of a week I again examined the cervix with the speculum. The vesicles which had been punctured were not discoverable, but those left unpunctured continued unchanged. These were now similarly treated, and with corresponding results. On a third examination at the end of another week the cervix looked perfectly healthy, showing only some slight cicatricial traces of the punctures. The uterus itself, I should add, was otherwise normal in bulk, position and mobility. As regards the pathology of the case, I can only speak suggestively. The cysts appeared too distinct and firm to represent as I venture to think, any form of submucous emphysema, even if such a condition were possible. I can only suppose them to represent follicles which had become distended in the usual way and from which the fluid contents had somehow been absorbed. But why, after such absorption, the

vesicles had not collapsed but continued firm and tense is difficult to understand. The case in my experience is unique, and therefore of interest, although its importance is probably slight.

In the following discussion Dr. Herman said that in the reported case the condition of the cervix uteri appeared to be analogous to that of the vagina in the disease described by Winckel under the name of "colpo-hyperplasia cystica." Cases of that disease had been described in which the emphysematous bladders were present on the cervix as well as on the vagina. He believed that Dr. Gervis' case was unique in that these bladders were present in the cervix only and not on the vagina. He also believed it was the first case of the kind described in England.—*Weekly Medical Review*.

CONSTIPATION AND ITS EFFECTS.—We are frequently reminded, in the history of a very common ailment, how the beginnings of mischief in the body, which as yet mean no more than disease or disorder in its literal sense, may, if neglected, go on to very serious terminations. The causes of constipation are various, and often trifling. Indigestion, whether from torpid function of the mucous membrane, or from too great solidity or bulk of food, must overload the bowel if neglected. Acting with it, to the same purpose, is the want of due muscular exercise. At a later stage of the process, we find the long abused bowel lose its tone and flag in aiding the transit of its contents. In the aged, the same result follows from paralytic inertia. Another retarding element is frequently met with in women during pregnancy, in the enlargement of the uterus. Pressure on the gut by abdominal tumors should not be forgotten in assigning an origin to fecal retention. Here, however, we encroach upon the graver state of mechanical obstruction, a state practically distinct from that of simple constipation, and, therefore, outside of the scope of these remarks.

Depending on many causes, constipation is apt to show a like uncertain and insidious character in its onset, development, and end. One is often self-deceived in it, and not uncommonly the bowel is believed to act regularly, when its presumed regularity has reference only to time, if indeed to that, while the amount of excretion is always too meager to give adequate relief to organs which may be amply supplied with daily food. Every practitioner has

been astonished to note to what an extent the accumulation is sometimes allowed to proceed. The sacculated structure of the greater bowel favors the lodgment of excreta, its power of distension allows the stowage and gradual absorption of the gases contained in it; and thus there may, for a long time, be no great discomfort and no absolute blockage to call for immediate measures of relief. The cecum and left colon are particularly apt to be the seats of fecal impaction, when this event occurs. We must thus explain many cases of typhlitis with iliac abscess; and these are but extreme examples of the irritative inflammation in the gut and its surroundings, which is frequently the first grave symptom in a history of costiveness. Some forms of general chronic peritonitis, such as one occasionally finds to be associated with no very clear details of past abdominal disease, may also have arisen in this way.

Another and somewhat different kind of diseased action may follow fecal irritation. It is seen in the convulsive seizures of children from retention of scybala, and in the anemic neuroses of girls and women, whose languid and sedentary habits induce a similar condition. How much to assign to cause or effect in the case of the latter may be open to question, but the benefit which is gained by the action of purgatives in arresting the general nervous irritability is not without its meaning. It illustrates the arrest of weak and fruitless reflex action by the removal of a peripheral source of annoyance. Nature herself, by setting up an irritative and slight diarrhea, exemplifies a method by which the harassed nervous centers often find relief. This reflex secretion, gentle, gradual, and usually insufficient, has puzzled many in making a first diagnosis between the two opposite states of excretion, which are for the time being acting together in a disguised relationship. It affords also a valuable suggestion as to treatment in difficult cases. In any ordinary case of constipation without urgent symptoms, the physician naturally has recourse to aperients. He may choose a drastic purge or the gentle enema. He follows an old and trite rule in so doing, one of common experience rather than of the medical art. When, however, he has to deal with a resultant inflammation as well as a probable mass of excreta, his views are apt to change. He betakes himself to opiates, considering, not without reason, that the effect has outgrown its origin, and alone

requires attention. There are extreme cases where such treatment is sound; but we have known others in which it has been prematurely adopted, to the total exclusion of that other principle of gradual relaxation and detachment, which we have shown to be one of the expedients of nature. On the other hand, the progress of recovery even from states of acute local and general disturbance, has often been observed to tally with the use of the blander aperient remedies, such as salines or enemata in combination with sedatives, preferably those, like belladonna or hyoscyamus, which are at the same time aids to intestinal excretion. Iliac abscess would probably be less common if such means of cure were now and then allowed to encroach upon the purely narcotic treatment. To avert the worse consequences of constipation, therefore, it is commonly necessary to pursue, though with adequate modification, a line of treatment not dissimilar to that which acts, along with consideration for the cause, in correcting the costive tendency itself.—*British Medical Journal*.

CONGENITAL DERMOID TUMOR OF THE TESTICLE.—On March 3d, Messrs. Cornil and Berger read before the Académie de Médecine, Paris, a paper on a case of scrotal inclusion. Verneuil has shown that dermoid tumors of the scrotum and testicle are teratological products, and only accidentally connected with the male sexual gland. Yet, in previous cases, the testis had never been saved when removal of the tumor was attempted. M. Berger was consulted, in July, 1884, by a boy, aged 11, who was suffering from a large tumor on the right side of the scrotum, to which it was not adherent. It was oval, fluctuating, opaque, and perfectly indolent. The testicle could not be distinguished on palpation. The tumor had been first noticed when the child was suckling; it had grown slowly, and had once been punctured, without result. M. Berger made a fresh exploratory puncture, and a little sebaceous matter, mixed with fine hairs, was removed. At the operation, the tumor was found to be situated in the tunica vaginalis. The testicle formed its upper part, and was quite separate from the cyst-wall, which was connected with the mediastinum by a vascular pedicle. The wall of the cyst was detached from the tunica albuginea, the pedicle divided, and its vessels ligatured, and the scrotal wounds closed. Six months after the operation the right

testicle appeared normal, and was perfectly movable under the scrotum. The cyst contained a quantity of sebaceous matter and hairs, also a pedunculated growth about an inch long, covered with true skin, which bore papillæ, hairs, sebaceous glands, and a few sudoriparous glands. The interior of the growth contained connective tissue, fat, nerve-cells, and ganglia, and a cyst bearing stratified columnar epithelium, resembling the intestinal mucous membrane.—*British Medical Journal*.

CIMICIFUGA RACEMOSA.—Dr. J. S. Knox, in the *Chicago Medical Journal*, gives an interesting study of the influence of cimicifuga racemosa (black cohosh) on parturition. After a study of one hundred and fifty cases he comes to the following conclusions:

1. Cimicifuga has a positive sedative effect upon the parturient woman, quieting reflex irritability. Nausea, pruritus, and insomnia, so common in the last six weeks of pregnancy, are always bettered, and often disappear, under its administration.

2. Cimicifuga has a positive anti-spasmodic effect upon the parturient woman. The neuralgic cramps and irregular pains of the first stage of labor are ameliorated, and often altogether abolished. In fact, during the first indiscriminate use of the drug in all cases, I had the mortification, with a few women, of terminating the labor so precipitately, and without prodromic symptoms, as to be unable to reach the bedside before the birth.

3. Cimicifuga relaxes uterine muscular fiber and the soft parts of the parturient canal by controlling muscular irritability, thus facilitating labor and diminishing risks of laceration.

4. Cimicifuga increases the energy and rhythm of the pains in the second stage of labor.

5. It is my belief that cimicifuga, like ergot, maintains a better contraction of the uterus after delivery. It is my habit, however, to administer 15 to 30 minims of fld. ext. ergot after the birth of the fetal head, and I have had but few opportunities of testing this effect of the cohosh.

ABSCESS OF THE LIVER.—Dr. J. Randolph, in the *Southern Clinic*, recommends the following lines of procedure in the treatment of hepatic abscess:

1. If called to the case early—that is to say, when suppuration is threatened, but

before the pus has actually formed—try to arrest the onward progress of the disease by leeching, cupping, and the application of a freezing mixture of ice and salt over the most pronounced seat of pain. Not only is the freezing process to be continued until the adjacent parts are frozen quite hard, but until actual blistering of the skin subsequently takes place; as then, and then only, is the cold communicated to the deep tissues of the liver sufficiently intense to abort, in the majority of instances, the suppurating process.

2. In this, the incipient stage of the disease, avoid the application of hot fomentations and poultices, as they only favor, instead of retarding the formation of pus.

3. Administer a brisk mercurial purgative; enjoin strict rest of body and mind; put the patient on low diet, and keep the room well ventilated, and of a temperature of not more than 66° F.

4. Prescribe germicides in the form of salicylic, carbolic or mineral acids, and quinine, and carefully eschew the administration of alkalies in any form, whatever, as they favor instead of preventing germ development, as well as suppuration.

5. If the case be not seen until matter has actually formed, the chances of cure are but small, for we, as yet, know no therapeutic agent which has the power of inducing pus absorption. All we can do is to try the effects of the application of iodine liniment, mustard poultices, or blistering, in the, I fear, futile hope of not only arresting the further progress of suppuration, but of favoring the re-absorption of the already effused pus.

6. Artificial evacuation is, I believe, the only way of getting pus out of a human liver.

SUMMER COMPLAINTS OF CHILDREN.—A writer in the Southern Clinic says the following is the best treatment ever instituted in cases of summer complaints of children:

1. Hot or warm bath, grain doses of calomel and saccharated pepsin or lactopeptine on crushed ice every fifteen or twenty minutes.

2. After the stomach and bowels have been thoroughly emptied, if the little patient is threatened with a collapse, stimulate and control the bowels and stomach with opium. When the first onslaught is over, a great many children will have diarrhea for days and weeks, and the too common error has been among book-wise practitioners,

that this condition is chronic cholera infantum, and they continue to treat this trouble with calomel! calomel!! calomel!!! vainly waiting to see the stools change color, and hoping that when the portal congestion is relieved the diarrhea will cease. Sometimes this plan succeeds, but in far too many cases a large percentage of cases die from continued dosing with calomel and chalk, when a prompt astringent would end the whole trouble, give the bowels rest, and, under appropriate diet, the child would go on to a fair recovery. There is no more reason why a child should be allowed to have diarrhea for weeks than an adult. There is no danger in checking up the bowels, and it should be done.

THE PREVENTION OF YELLOW FEVER.—Dr. Domingos Freire, in a recent communication to the Rio News, gives an account of the inoculations practiced in Rio de Janeiro with the attenuated liquid culture as a prevention against the dangers of contracting yellow fever. From December 22d last up to March 22d of the present year, 1109 persons of different nationalities, and whose ages ranged from one month to sixty years, were submitted to subcutaneous injections in the deltoid region of the arm with the said liquid. All, with the exception of one or two cases, experienced elevations of temperature varying from 37.5° to 40° C., frontal headache, pains in the articulations, general indisposition, and in some light epigastric oppression—symptoms which ceased after from twenty to forty hours, and without any medical intervention. In many cases these injections were practiced in houses where a few hours before deaths had taken place from yellow fever; nevertheless, in the cases specified, and under disadvantageous hygienic circumstances, not one single serious accident is said to have happened. Most of the inoculations were performed in the presence of the two medical men commissioned by the Spanish Government to specially study yellow fever in Brazil.—*Med. and Surg. Rep.*

ARMY MEDICAL INTELLIGENCE.

OFFICIAL LIST of Changes of Stations and Duties of Medical Officers of the United States Marine Hospital Service for the week ended June 13, 1885.

Captain J. Y. Porter, Assistant Surgeon, having been found incapacitated for active service by an army retiring board, ordered to proceed to his home and report by letter to the Adjutant-General of the Army. (S.O. 136 A. G. O., June 15, 1885.)